



Provider Profile **Report Card**

Consumer Survey Results of Treatment for Adults with Serious Mental Illness

Indiana Family and Social Services Administration
Division of Mental Health and Addiction
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Introduction

Why do you have a Provider Report Card?

The purpose of this Hoosier Assurance Plan Provider Report Card is to organize and publish information on public mental health services for consumers and their family members. It is hoped that the information presented here will help the residents of Indiana choose mental health services that meet their needs.

What is a Managed Care Provider (MCP)?

The Division of Mental Health (DMH) contracts with 30 mental health service agencies that receive managed care funding. The 30 agencies are called Managed Care Providers (MCP). Obviously, there are many more mental health service agencies out there but they do not receive managed care funding through DMH. By Indiana law, all 30 providers offer the same core set of ten mental health services called the “continuum of care.” (☞ **Hint:** find a list of all the services in the continuum of care in the glossary.) However, each MCP is different and does things differently. All have their strengths and weaknesses.

Who do these Managed Care Providers serve?

The three populations that will be focused on by these report cards are (1) adults with serious mental illness (SMI), (2) children and adolescents with serious emotional disorders (SED), and (3) persons with chronic addictions or substance abuse (CA/SA). (☞ **Hint:** look in the glossary for definitions of these populations.) Not all providers serve all these populations. For example, some providers may serve only children and adolescents and some may only serve persons with addictions. This report card focuses on the MCPs that serve adults with serious mental illness.

Where did you get this information?

We got the information in three ways. *One* way is by having each mental care provider fill out a survey about the services they offer. A *second* way is through calling over 3,000 consumers of mental health and addiction services and asking their opinions about the services they receive. A *third* way is through the Hoosier Assurance Plan Assessment Instrument outcomes. Briefly, the Hoosier Assurance Plan Assessment Instrument is an assessment completed by clinicians in an effort to determine if a consumer is eligible for managed care funding through DMH. One thing the assessment instrument scores is how well the consumer is functioning in his or her life. The outcomes that we publish in the report card are the changes in scoring over time.

What's new this year?

This is our fourth year of publishing the report card. This year we will have a total of seven report cards. Each report card will focus on one of three topics for each population. The first report card topic will be the results from the provider survey. The second report card topic will be the results from the consumer telephone survey. The third report card subject will be the outcomes from the Hoosier Assurance Plan Assessment Instruments. The report cards are broken down as follows:

1. The provider survey results for services for adults with serious mental illness.
2. The provider survey results for services for children and adolescents with serious emotional disorders.
3. The provider survey results for services for persons with chronic addictions.
4. The consumer telephone survey results for services for adults with serious mental illness. (☞ **This is the report card you are reading.**)
5. The consumer telephone survey results for services for children and adolescents with serious emotional disorders.
6. The Hoosier Assurance Plan Assessment Instrument outcomes for adults with serious mental illness.
7. The Hoosier Assurance Plan Assessment Instrument outcomes for persons with chronic addictions.

How do I read this Report Card?

This report card displays the information we received from a telephone survey of consumers. A sample of consumers who were in service the previous year are telephoned. This report card is based on telephone calls made in State Fiscal Year (SFY) 1999 (July 1, 1998 to June 30, 1999). They were made to people in service during SFY 1998 (July 1, 1997 to June 30, 1998). On average, each call lasted 18 minutes.

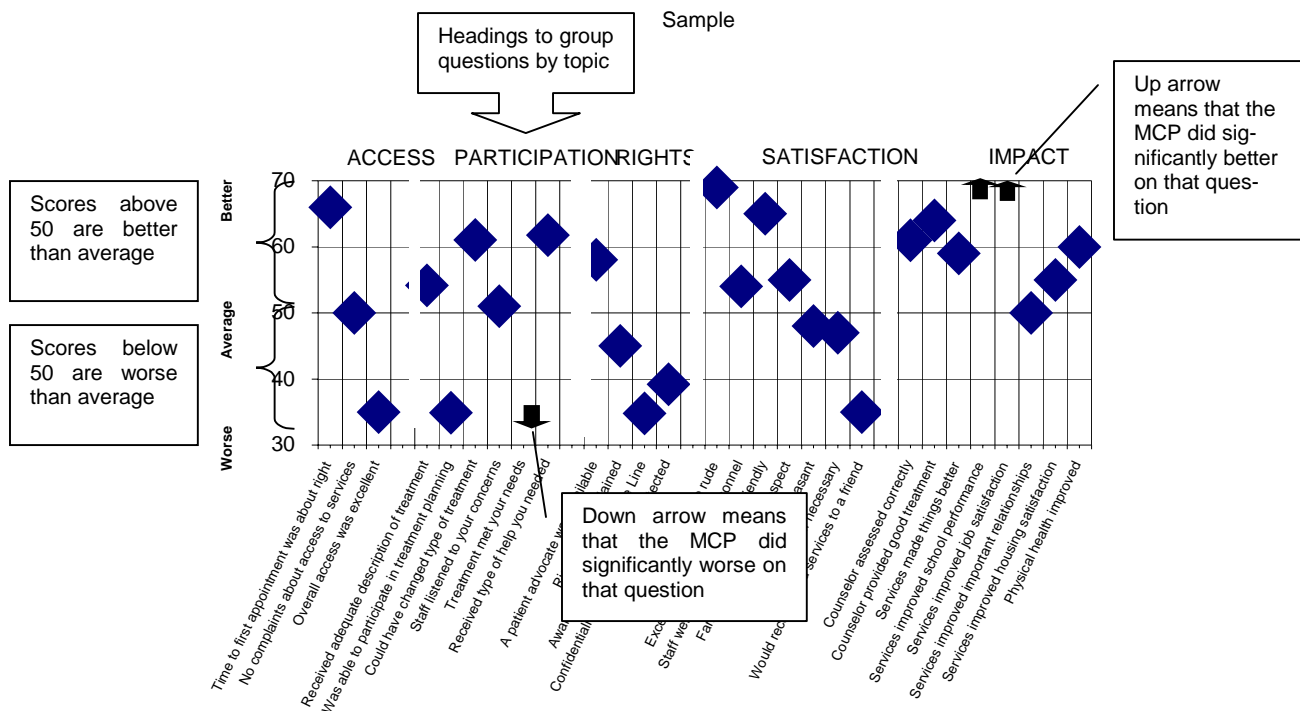
Tell me about the provider pages

Each provider has one page that summarizes the results of the survey. These results are displayed through a graph that helps compare the MCPs to each other. A provider that did better than the others would be above the average of 50%.

Tell me about the graphs on the provider pages

Each provider has a graph that shows how they compare to other providers in certain categories. The scores are shown in what is called a "T" score. Everything is based on an average. The graph shows the middle, marked with a "50" as the average of all the providers on each particular category. If the dot is above the "50" line, then the provider is "better than average." If the dot is below the "50" line then, the provider is "worse than average." (Reminder: this scale compares providers and does not rank them.) Where an agency is very good or very poor, an arrow shows that their score is "off the graph".

The graphs have 27 items, each relating to a question or series of questions on the telephone survey. To make them easier to understand and read, the items are divided into five groups of questions: Access, Participation, Rights, Satisfaction, and Impact.



Overall, MCP's evaluation changes are mixed, compared to last year on the telephone survey. Three measures had average responses at least 2.0% higher than last year, three had averages responses at least 2.0% lower, and 21 did not change either way by more than 2.0%. However, the lower scores for a single provider improved by 5.0% or more on five questions; the highest provider average rose 5.0% or more for two measures and fell on only one question.

Access

For services to do any good, people need to be able to get to them. Three scores are given on Access.

Time to first appointment was about right

Consumers were asked about the time it took to get a first appointment. Their options were "too long," "too short," and "the right amount of time." The report card looks at the proportion of consumers answering positively, or "the right amount of time."

The lowest percent of positive answers that any center received was 65.6%, which is about 8% higher than last year.

No complaints about access to services

This year the survey asked a series of yes or no questions.

"Please tell me if any of the following has ever happened at your MCP while you were receiving services."

- Were you unable to get an appointment at a convenient time?
- Were you dropped from a program against your wishes?
- Were you refused services due to loss of insurance, such as Medicaid?
- Were you refused services due to an outstanding bill?

An average of 73% of those surveyed answered "no" to all four questions, up 2.8% from last year.

Access	Minimum	Maximum
Time to first appointment was about right	65.6%	90.2%
No complaints about access	56.3%	87.7%
Overall access was excellent	34.6%	57.1%

Overall access was excellent

After the last four questions were asked, the survey asked the consumer: "Overall, would you say your access to services was: excellent, good, fair, poor?" (45.5% said excellent.)

Participation

The Division of Mental Health believes that for behavioral health services to work, consumers must participate in their own service planning. The survey asks a series of questions that attempt to learn if consumers do participate to the fullest extent.

Received adequate description of treatment

Consumers were asked if they thought they received an adequate description of the treatment that was planned for them. Overall, 84% said "yes", and that ranged from 77% to 89%. The average fell from 86.4% last year.

Were able to participate in treatment planning

On another question, consumers were asked if they felt they were able to participate in their own treatment planning. Overall, 82.3% said that they did. This ranged from 74.5% to just 90.4%.

Could have changed type of treatment

The survey also asked consumers if they felt free to request a change in the type of treatment they were receiving. 71.7% overall said yes, ranging from 57.4% at the most restrictive provider to 82.7% at the best.

Participation	Minimum	Maximum
Received adequate description of treatment	77.0%	89.1%
Were able to participate in treatment planning	74.5%	90.4%
Could have changed type of treatment	57.4%	82.7%
Staff listened to your concerns	78.3%	94.6%
Treatment met your needs	78.3%	96.6%
Received type of help you needed	73.1%	93.1%

Staff listened to your concerns / treatment met your needs

Consumers responded very positively about the service the staff provided. Overall, 88.1% said that the staff listened to their concerns about treatment, and 87.5% said the staff tried to make the treatment program meet their needs. Both results were similar to last year's.

Received type of help you needed

Finally, 81.8% said that they received the type of help that they needed. The worst score a provider received this year was 73.1%, up from 65.9% last year.

Rights

A patient advocate was available / rights were explained

Each consumer has a long list of rights guaranteed by federal law, state law, Division of Mental Health rules and regulations, and by the provider's own ethical requirements.

Almost all providers identify an individual as a patient advocate. (For more information on this, you should look at Report Cards Volume 3, Issues 1, 2, or 3.) From the survey, about half (52.1%) of people surveyed knew that a patient

advocate was available. The highest average response for any provider was 74.5%, up from 65.9% last year.

A greater number, 77.8% overall, said that their rights were explained to them.

Rights	Minimum	Maximum
A patient advocate was available	34.0%	74.5%
Rights were explained	62.5%	90.7%
Aware of Consumer Service Line	3.6%	30.6%
Confidentiality and privacy was protected	60.4%	87.0%

Aware of Consumer Service Line

The Division of Mental Health has a toll free consumer service line (**1-800-901-1133**). This number is available during working hours, and is for consumers to complain, compliment, or ask questions about the services they receive. Each consumer gets a letter with information on it about the line, and providers are required to have information about the service line displayed. Overall, however, only 17.6% of the people surveyed know about the line. This is a continued improvement over past years, but in at least one agency, only 3.6% of the people knew that the line is available.

(Since the survey was conducted, a second toll-free hotline to help you understand the Hoosier Assurance Plan (HAP) and to find a provider of mental health and addiction services in your area, has been created. The number is 1-800-813-6511.)

Confidentiality and privacy was protected

A very important right is to privacy and confidentiality. Overall, 77.1% of the people felt that this was dealt with very well. This is up from 74.8% last year.

Satisfaction

It is important that people can get to services, that the services help, and that their rights are protected. It is also important the overall experience is at least not unpleasant. Several questions assess consumer satisfaction.

Satisfaction	Minimum	Maximum
No staff were rude	65.5%	87.7%
Excellent treatment by personnel	32.2%	58.5%
Staff were approachable and friendly	85.1%	98.3%
Family was treated with respect	87.2%	100.0%
Environment was pleasant	89.7%	100.0%
I would go back if necessary	71.4%	93.0%
Would recommend services to a friend	74.1%	91.4%

No staff were rude /Excellent treatment by personnel

This year a series of questions were asked together. Did any of the following bad things ever happen to you?

- Were you treated rudely by the billing department?
- Were you treated rudely by a counselor or case manager?
- Were you treated rudely by the secretarial staff?
- Overall, would you say the way you were treated by personnel was excellent, good, fair, or poor?

On average, 78.7% of the people were not ever treated rudely by billing, clerical, or clinical staff. However, only 47.1% of the people overall said that they received excellent service. The highest average score for any provider fell from 68.1% last year to 58.5%.

When asked more general questions about staff, 93.3% said staff were approachable and friendly, 93.8% said that their family was treated with respect, and 95.1% said that the environment was pleasant. In the latter two cases, at least one agency received positive comments by everybody asked. Further, the lower average scores providers received for these two questions rose this year by 7.9% and 6.1%, respectively.

Would you go back if necessary?

A very common question is to ask consumers, "If you or a family member were to need additional treatment, would you return to the same provider?". The average proportion of "yes" responses that a provider received was 83.5%.

Would you recommend this provider to a friend?

Another common question is asked "Would you recommend this provider to a friend?". The average score here was 83.5% saying "yes".

Impact of Services

Why would somebody receive services unless they thought they would work? We need to know of the services have an impact on people's lives.

Counselor assessed correctly

Eighty-six percent (86.3%) of the consumers reported that their counselor assessed their problems competently. The lowest average provider score, 79.2%, is 8.7% higher than last year.

Counselor provided good treatment

Consumers were then asked if their counselor did a competent job in treating them. Positive answers came from 85.7% of those surveyed. Last year, the worst provider had 69.8% of the people surveyed say "yes". This year, the lowest score was 78.8%. However, the bottom score rose from 69.8% to 71.4%.

Services made things better?

We told consumers that we would like to know how much the services helped. They could answer that they felt the services made things much better, somewhat better, made no difference, made things somewhat worse, or much worse. On average, 44.7% felt that the services that received made things better.

Services improved job satisfaction

Consumers were asked if, as a result of the services they received, they were more, the same, or less satisfied with their job. This question had the widest range of positive answers (15.4% to 83.3%), with an average of 45.3%. The average score rose 2.9% from last year and the maximum score gained 8.3%.

Impact	Minimum	Maximum
Counselor assessed competently	79.2%	93.0%
Counselor treated competently	78.8%	93.1%
Services made things better	28.6%	67.8%
Services improved job satisfaction	15.4%	83.3%
Services improved important relationships	41.2%	66.0%
Services improved housing satisfaction	32.2%	65.5%
Physical health improved	41.8%	72.5%

Services improved important relationships

Consumers were then asked if, as a result of the services they received, they were more, the same, or less satisfied with their important personal relationships. The proportion of consumers reporting that important personal relationships have improved was 54.0%.

Services improved housing satisfaction

Finally, consumers were asked if, as a result of the services they received, they were more, the same, or less satisfied with their living arrangements. Providers received lower scores this year, with an average of 49.4%, down 2.1%.

Physical health improved

There is a widespread belief that improving a person's mental health also improves their physical health. Three sets of questions on the survey related to this belief. People were asked to remember how many days they spent in the hospital, trips they made to the emergency room, and visits they made to a doctor, all for physical health reasons, in the year before they were in treatment. They were then asked the same questions for the most recent year. The medical offset questions are the proportions of people who used less of these physical health services in the most recent year.

Overall, 56.4% of the providers received a positive score on this item. This was 3.4% lower than last year's average.

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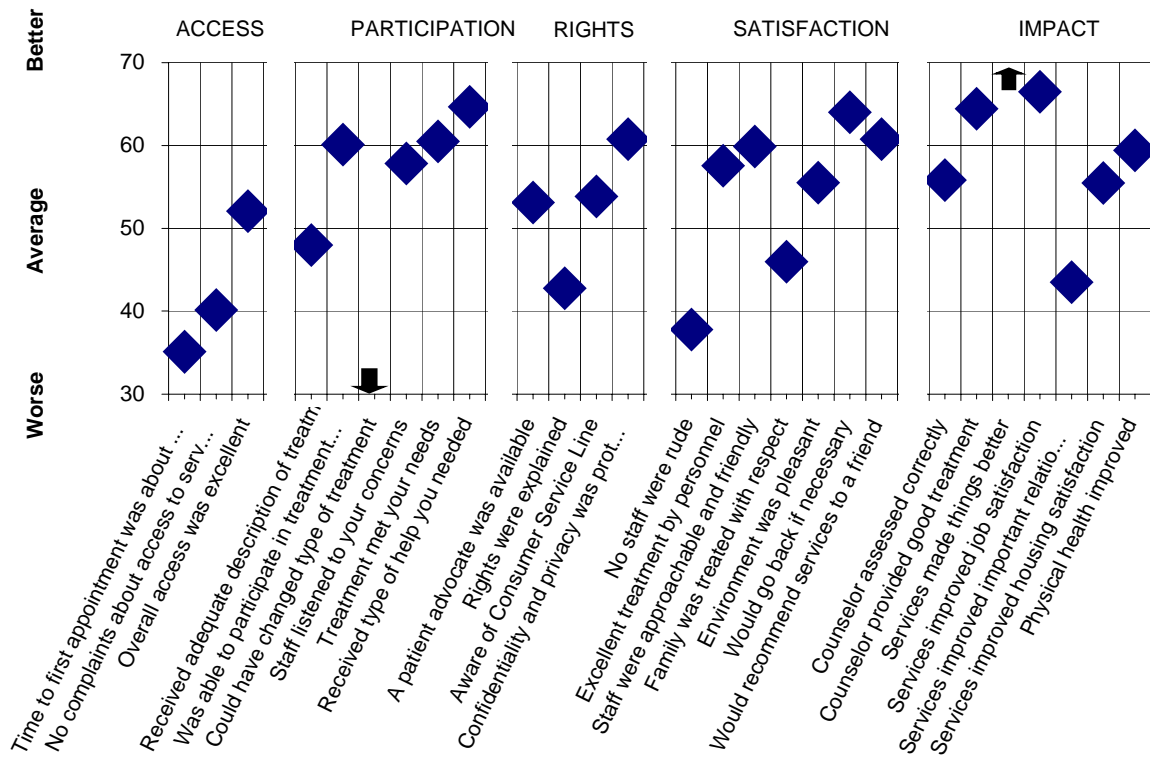
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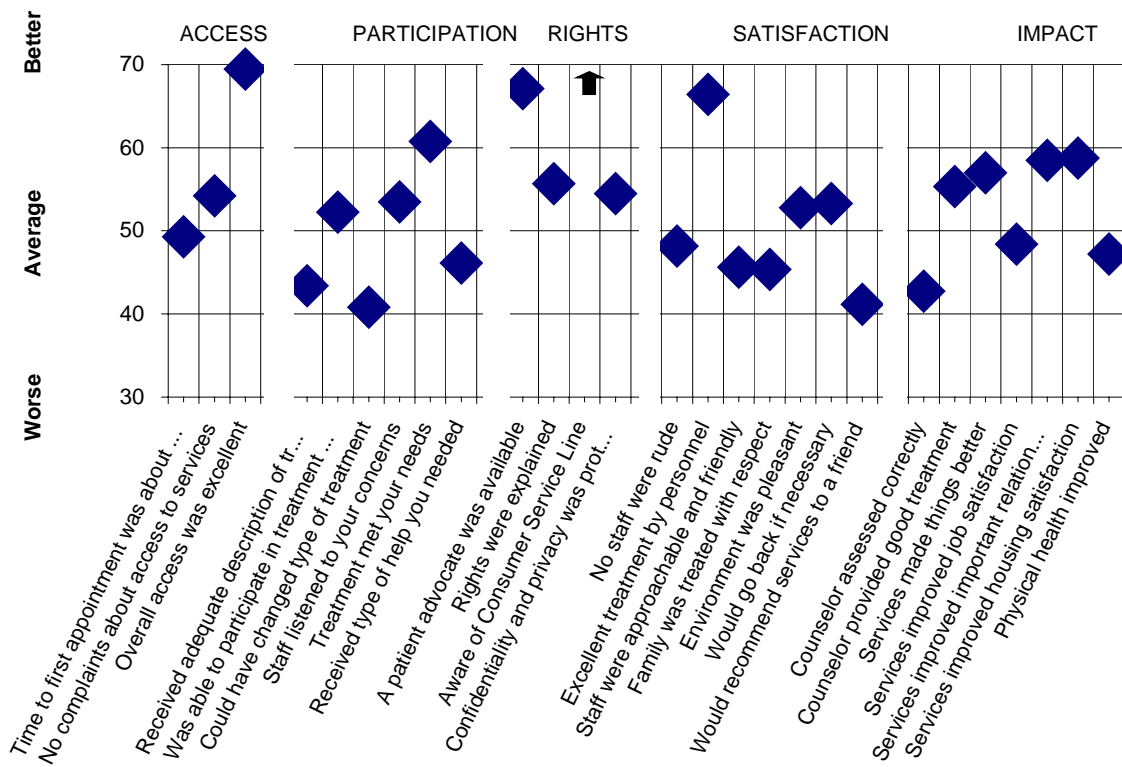
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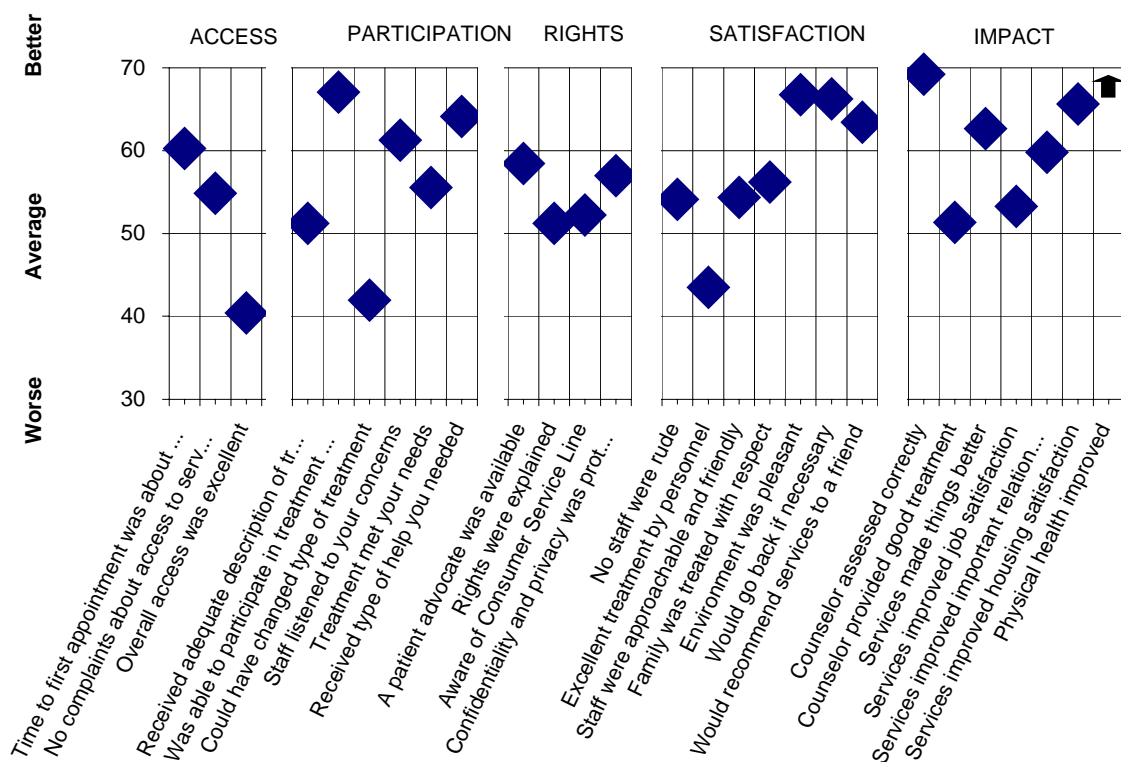
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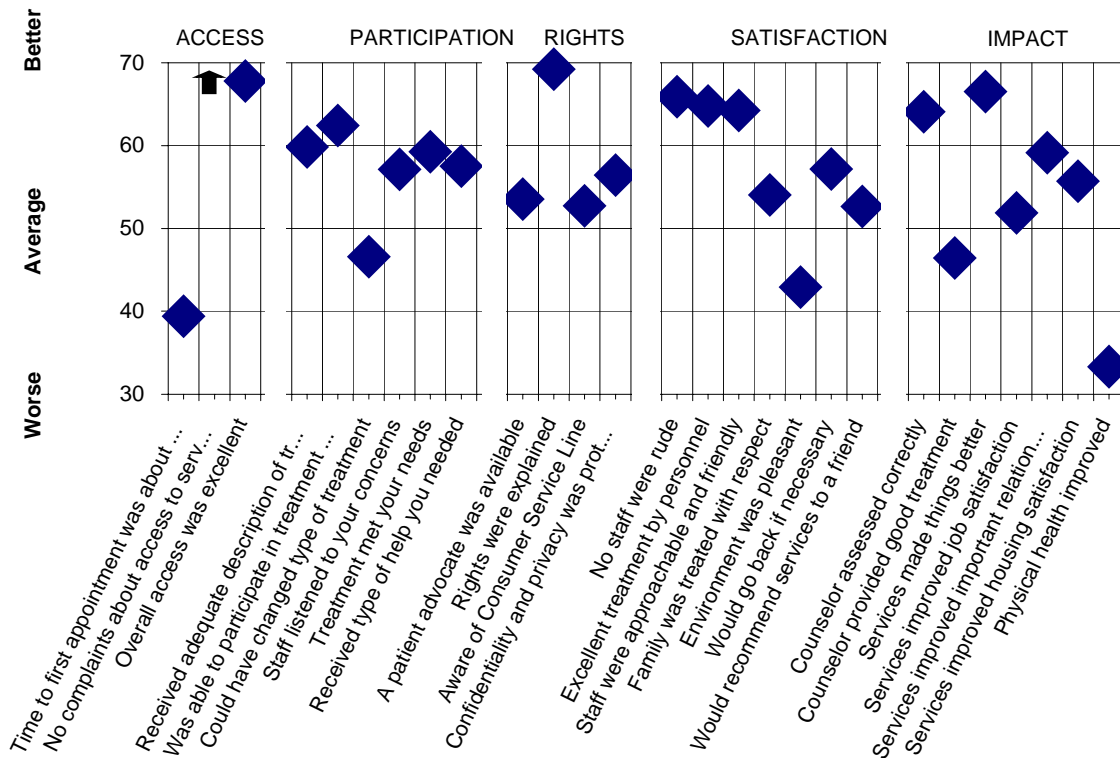
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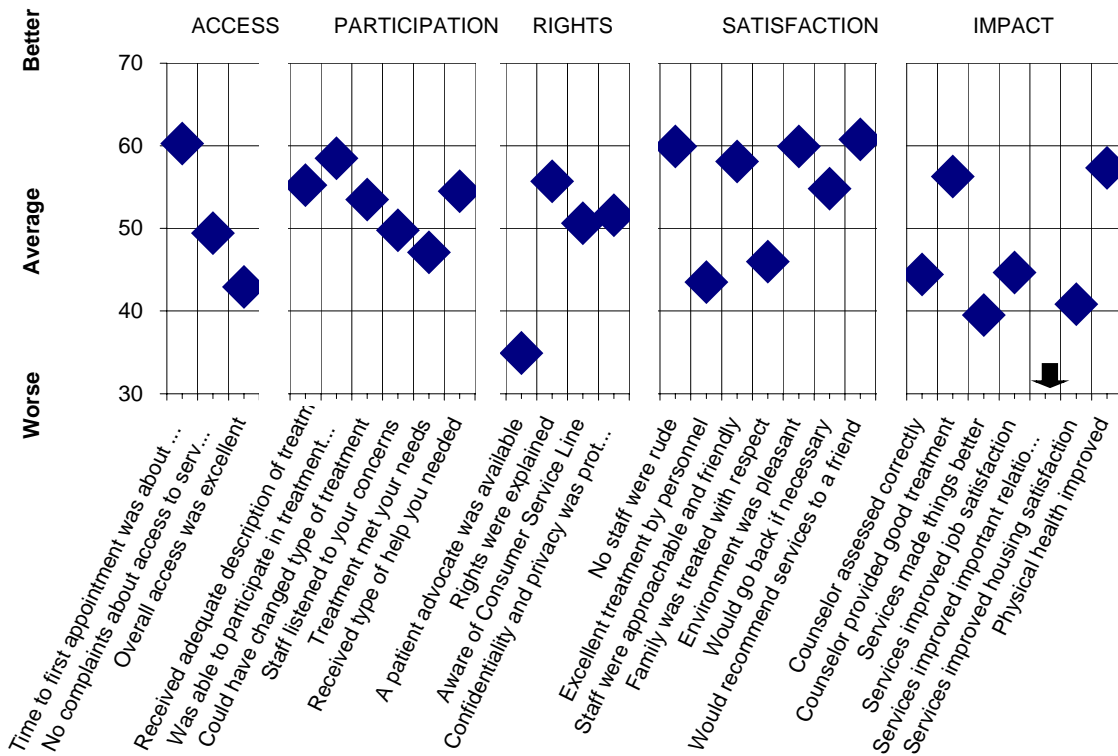
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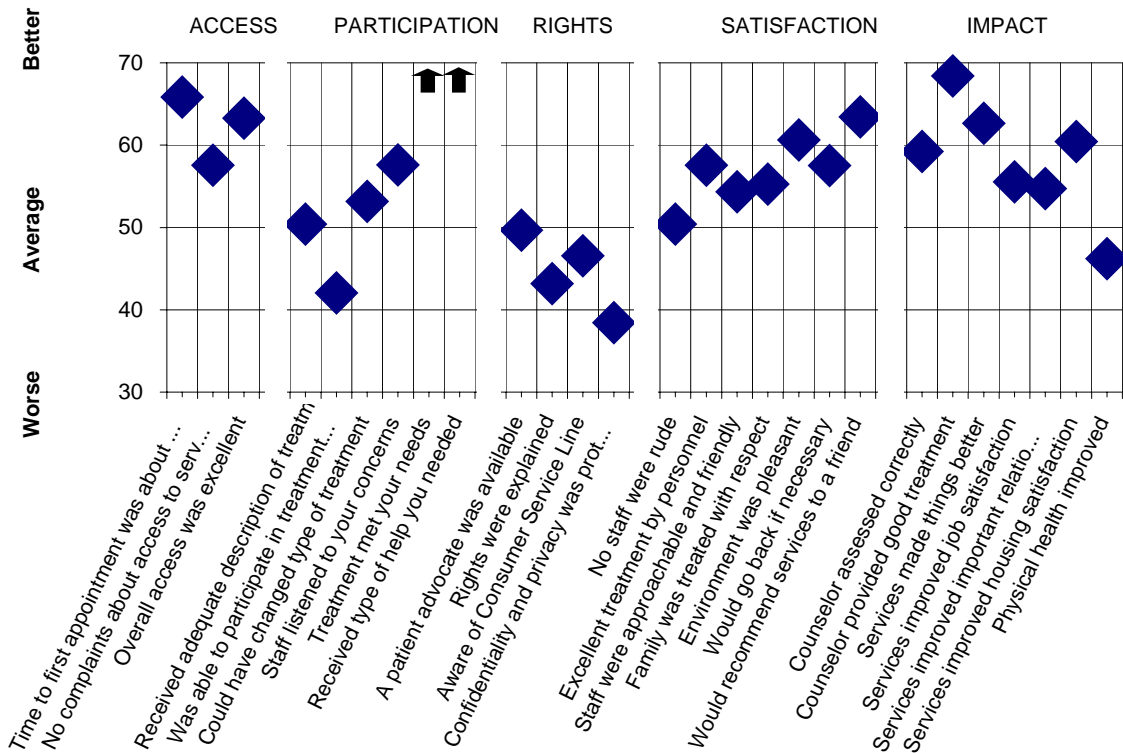
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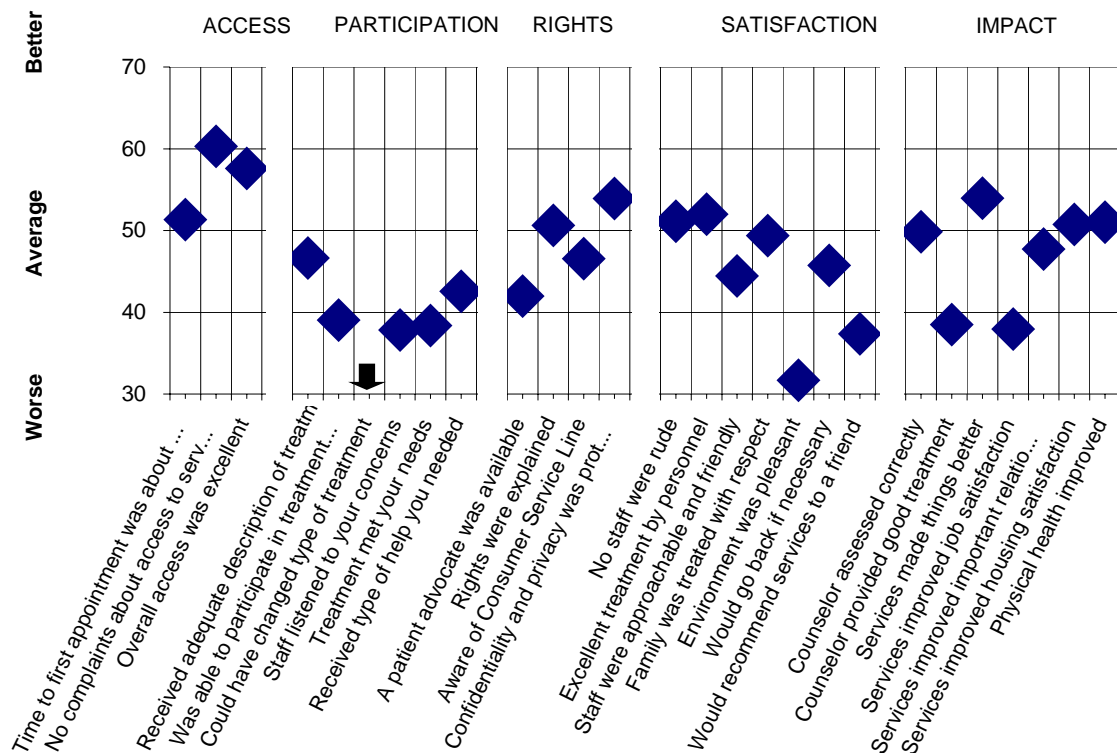
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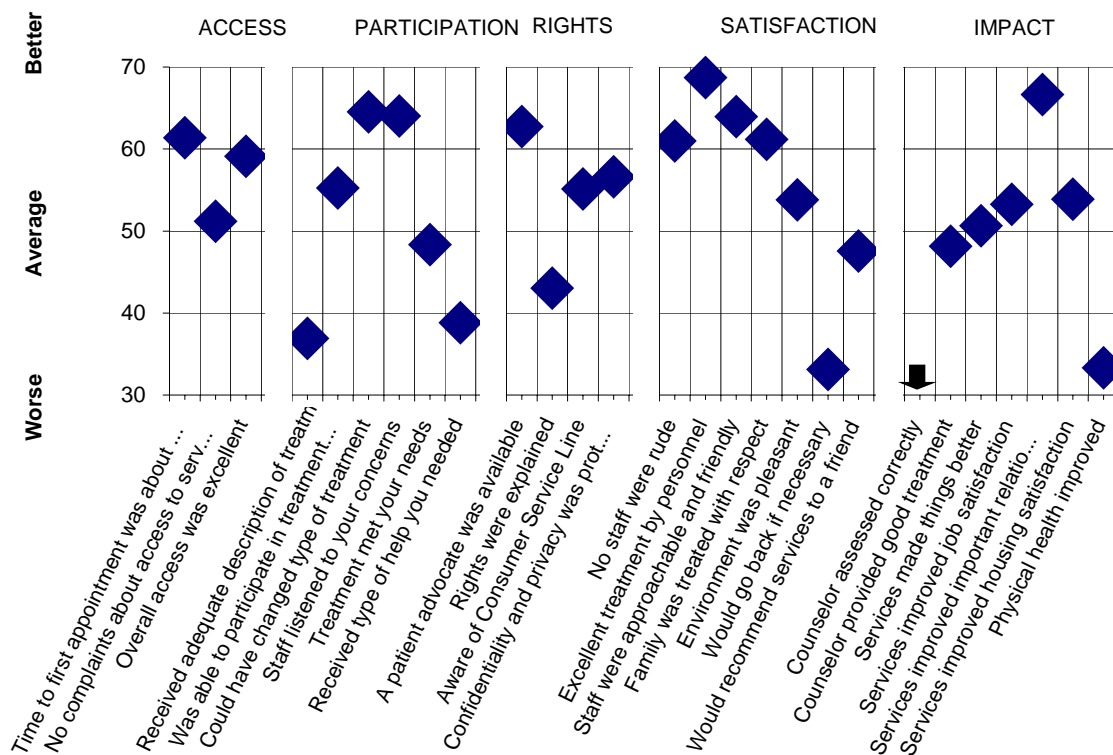
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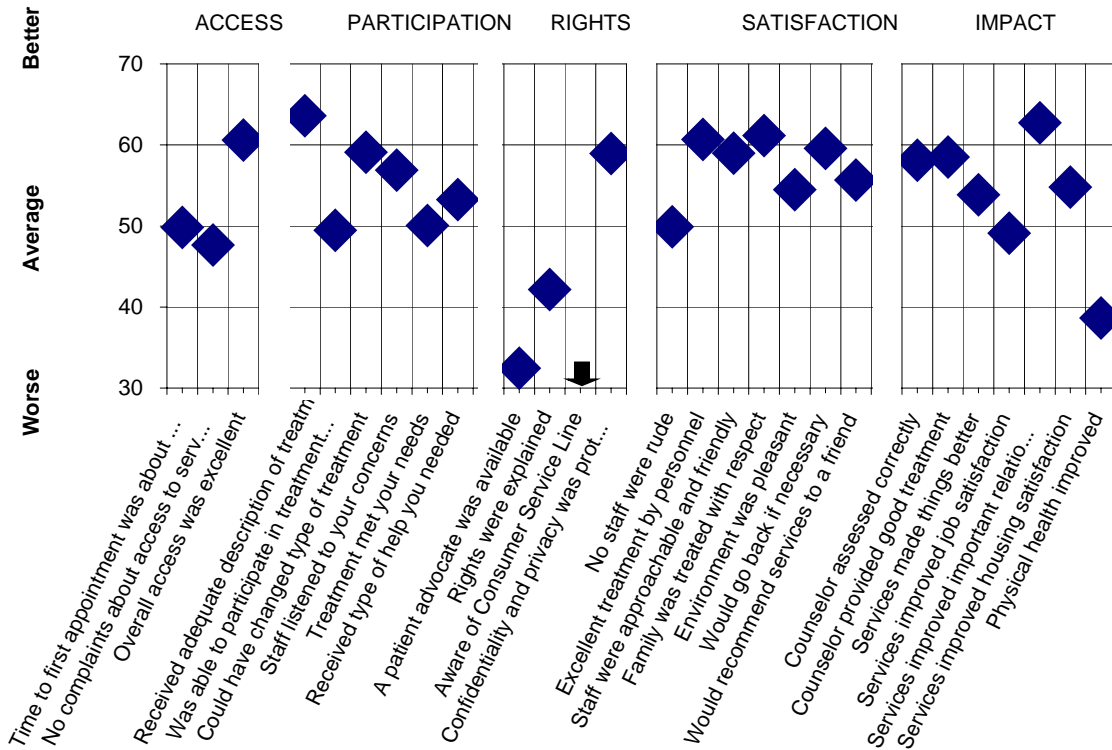
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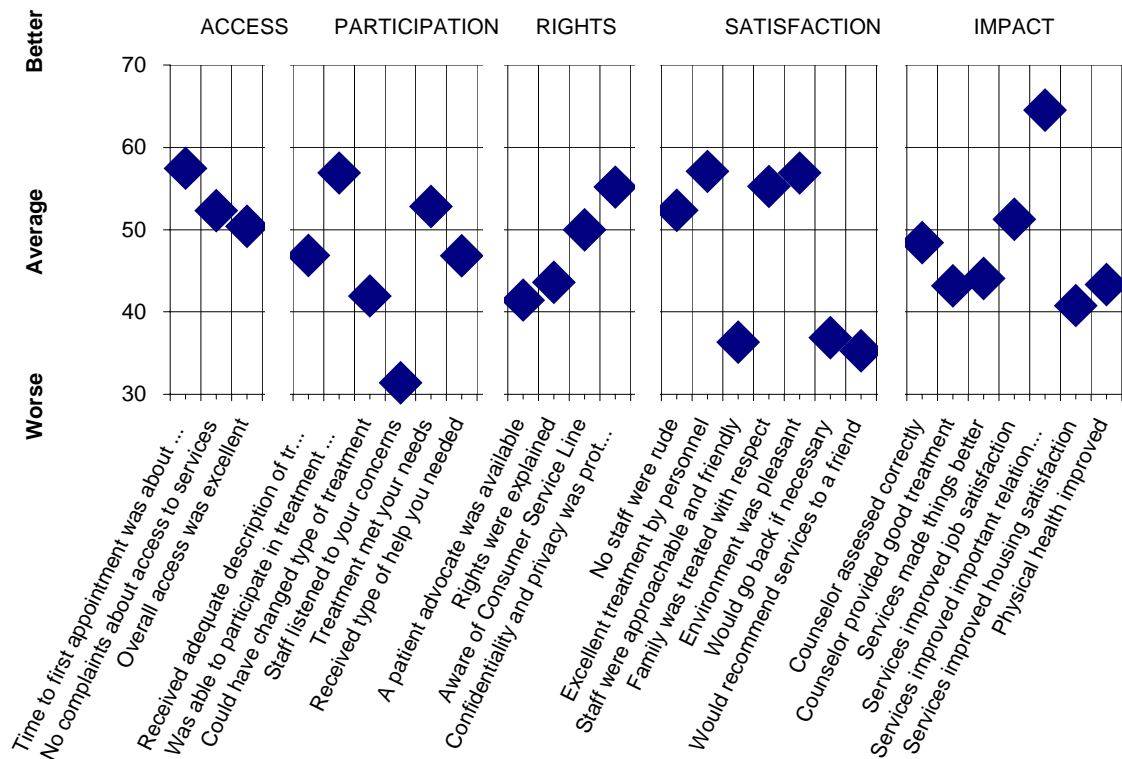
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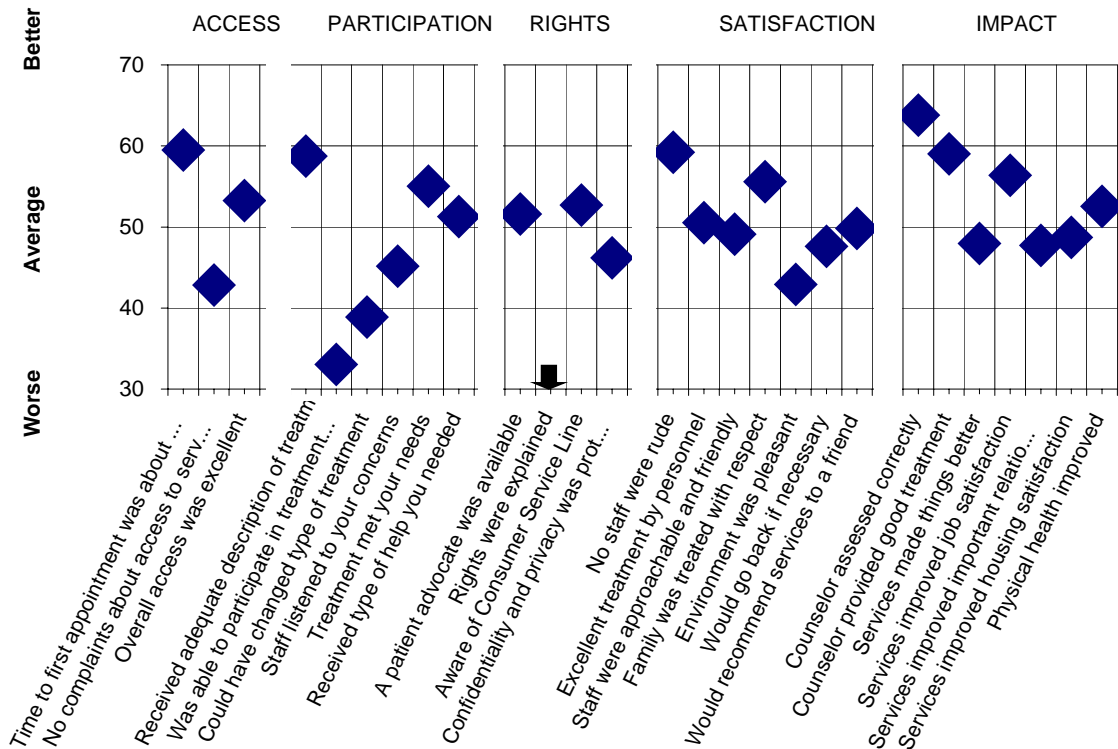
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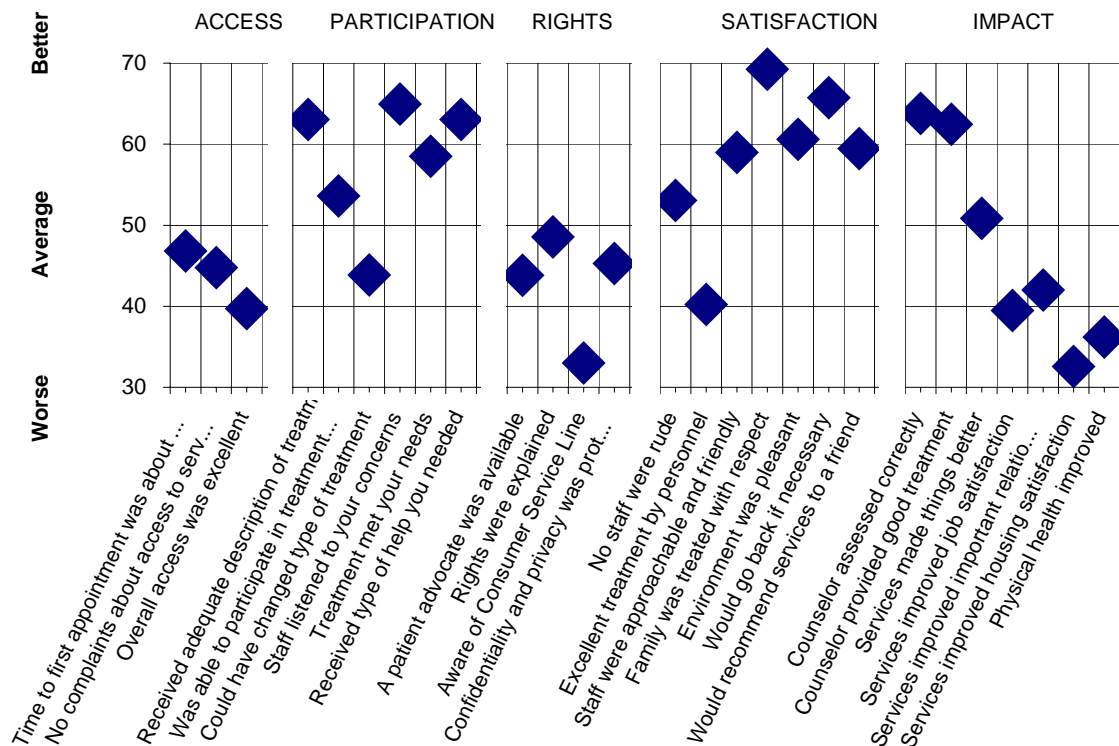
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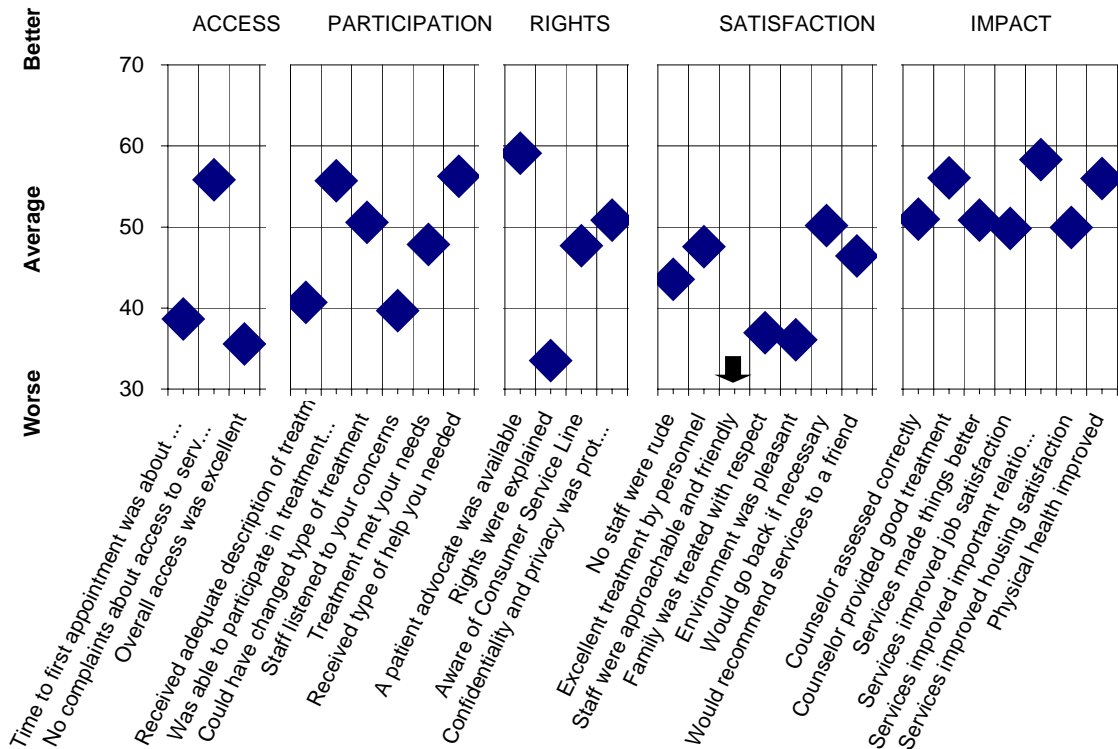
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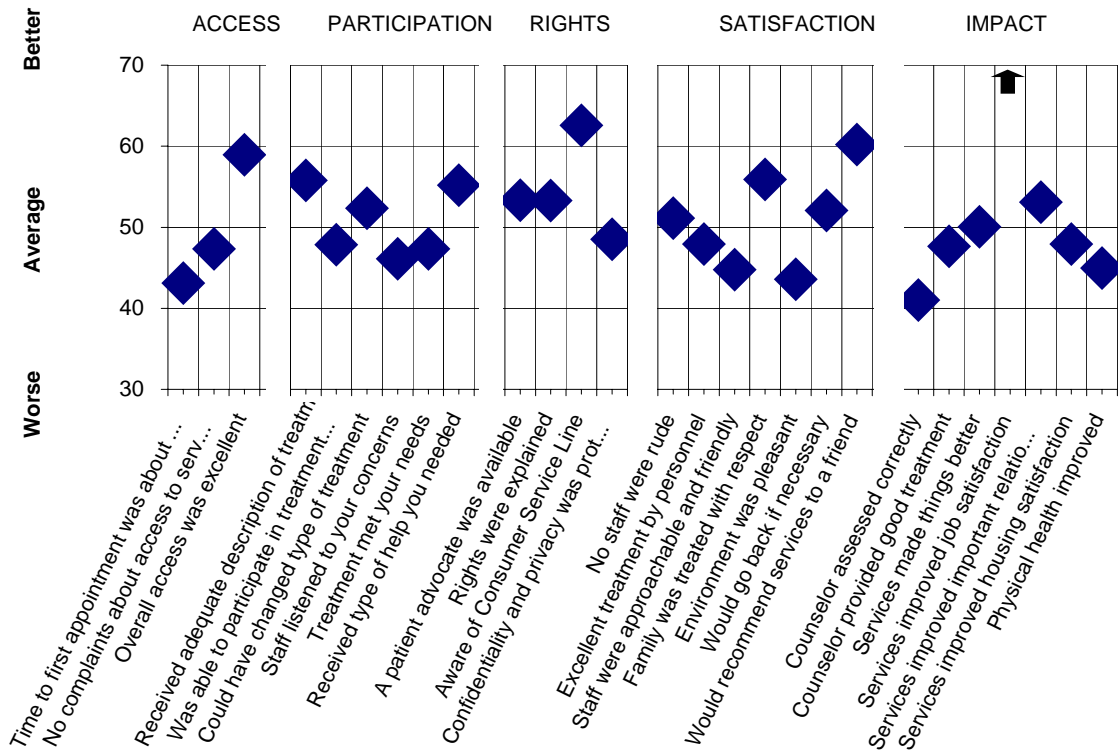
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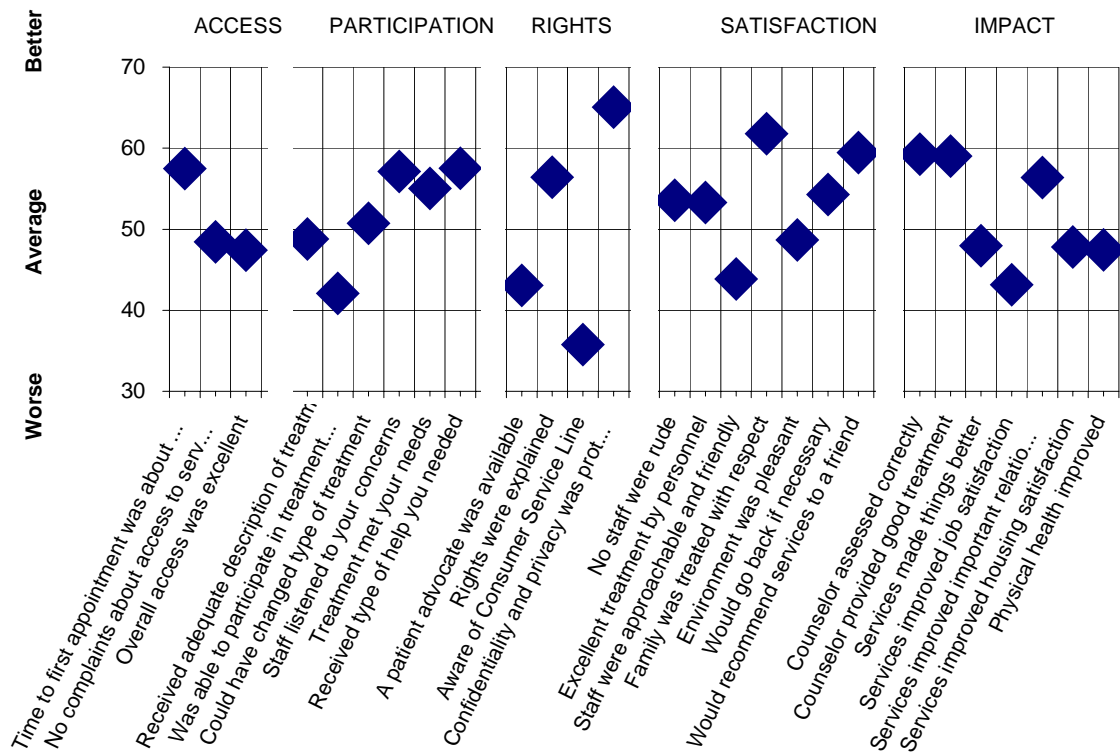
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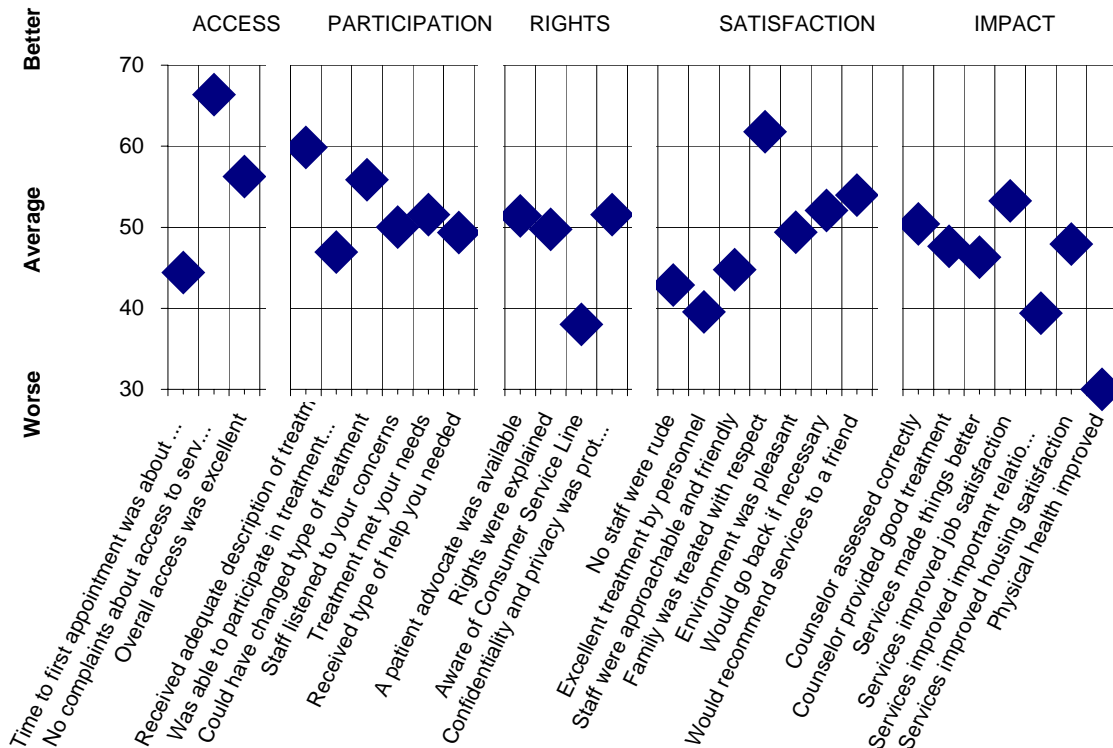
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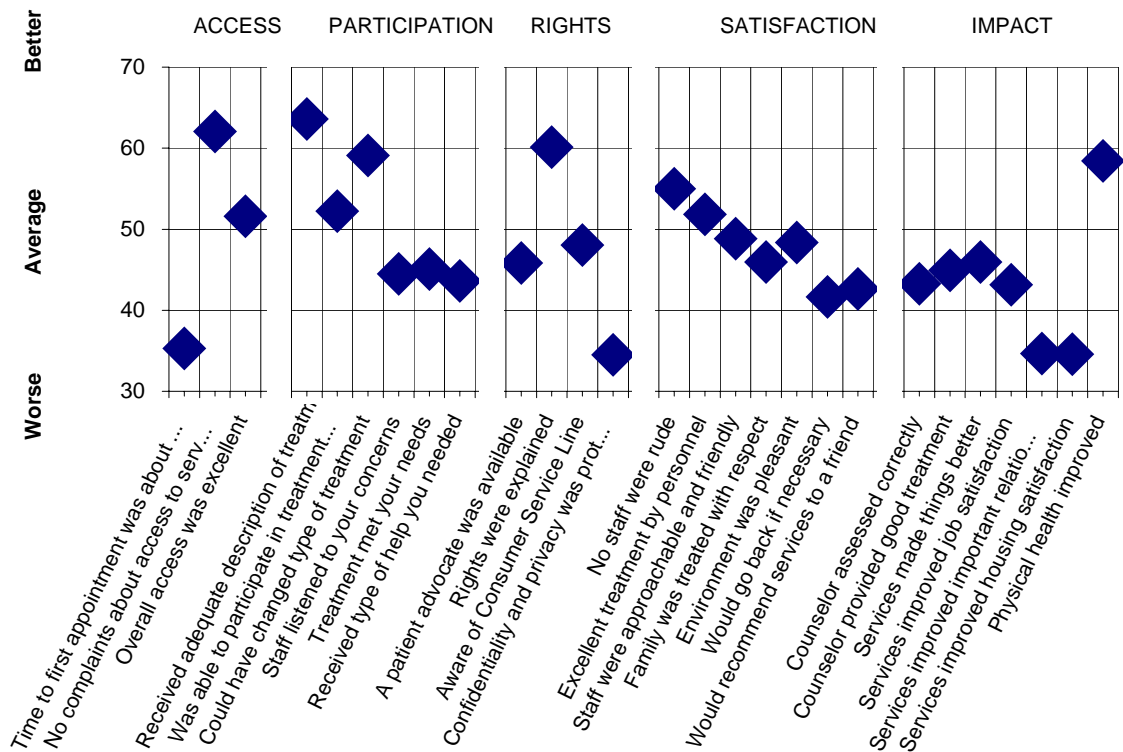
Consumer Contact

Mary Ellen Kardong, MA

Chief, Employee & Comm Rel

(765) 983-8005

mek@dunncenter.org



Porter-Starke Services

(418)

601 Wall Street

Valparaiso, IN 46383

(219) 531-3500

CEO

Maryalice Larson

Interim CEO

(219) 531-3515

Consumer Contact

Karl Cline, MA, CSW

VP Support Services

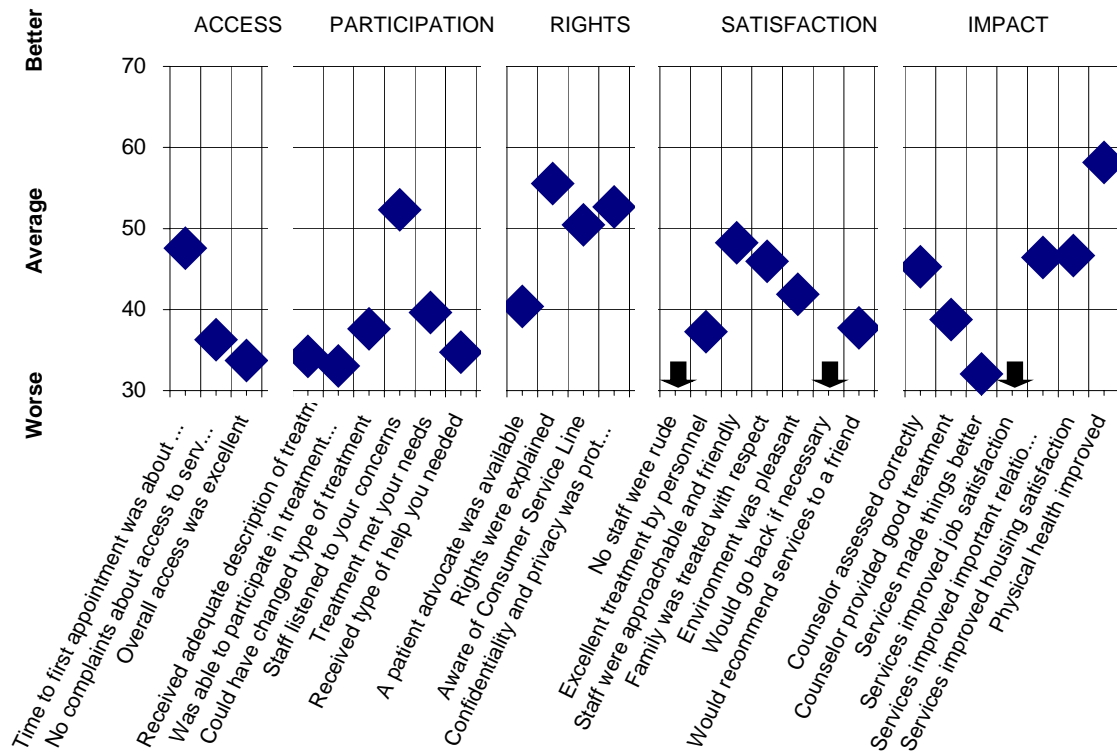
(219) 531-3649

Mary Idstein

CFO

(219) 531-3575

midstein@porterstarke.org



Parke Center

(419)
909 East State Boulevard
Fort Wayne, IN 46805
(219) 481-2700

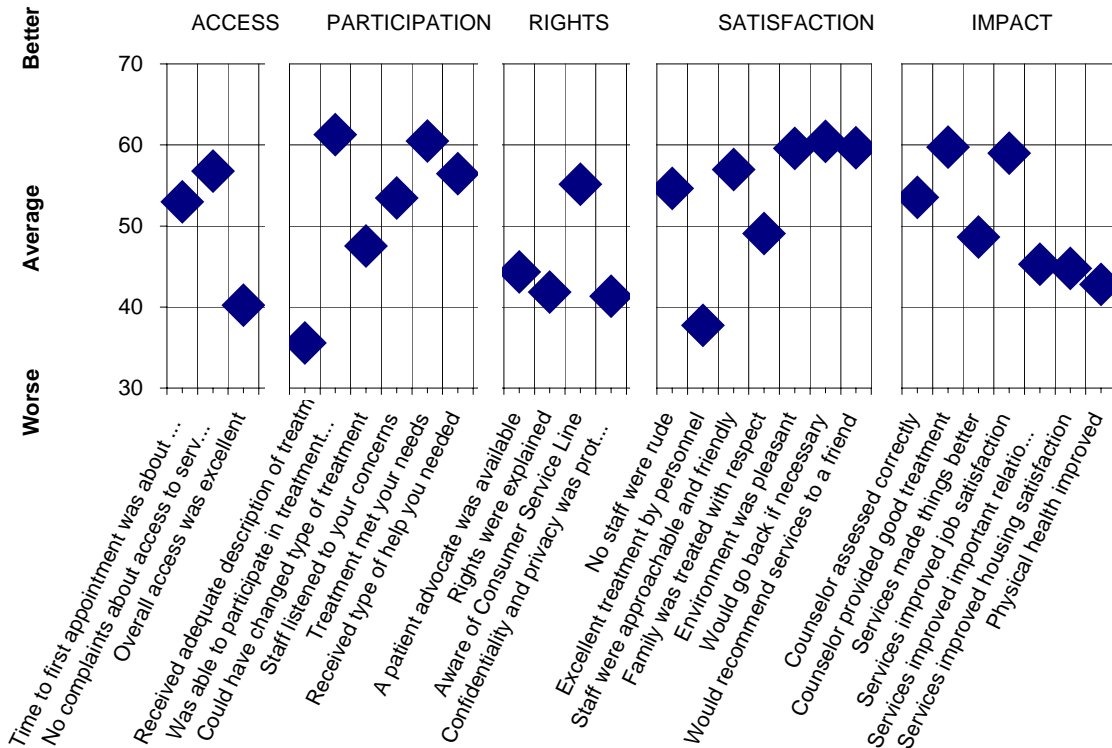
CEO

Paul D. Wilson, ACSW
President/CEO
(219) 481-2721

Consumer Contact

Roxandra McFarthing
VP Corporate Services
(219) 481-2719 ext. 2185
rmcfarthing@parkecenter.org

Brian Flesch, ACSW
VP Managed Care
(219) 481-2721
bflesch@parkcenter.org



Southern Hills Counseling Center, Inc.

(420)

P.O. Box 769, 480 Eversman Drive

Jasper, IN 47547-0769

(812) 482-3020

CEO

Donald M. Arnoff, MA, LCSW

Executive Director

(812) 482-3020

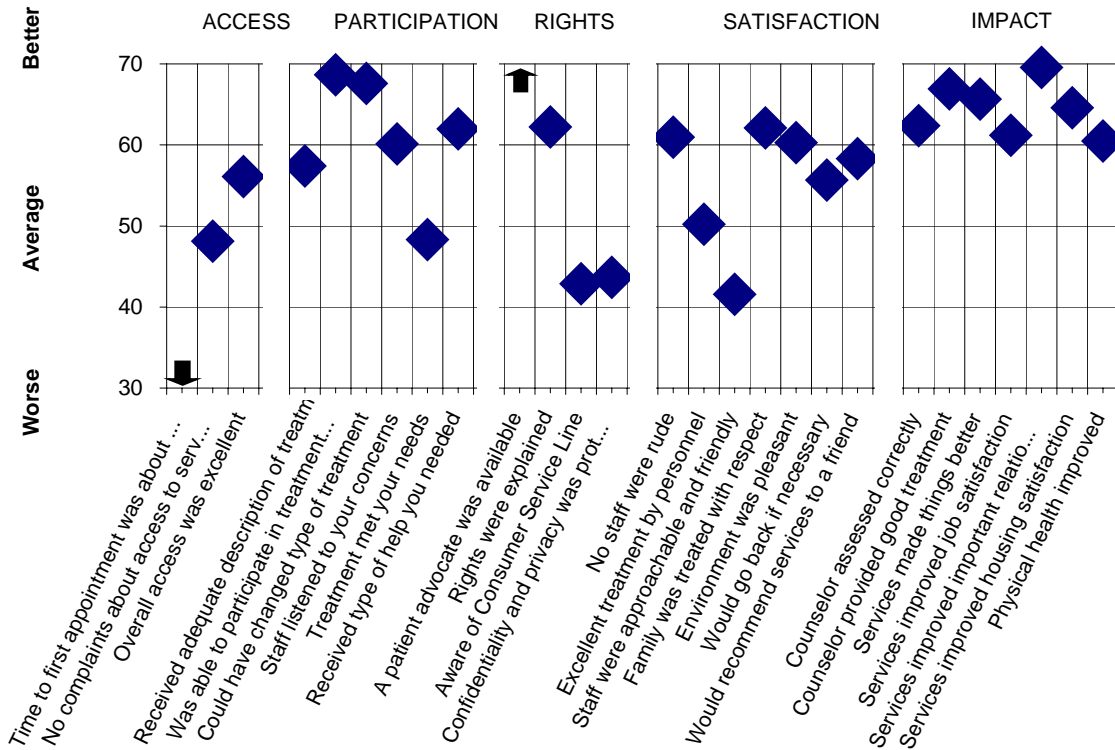
Consumer Contact

Joe Kimmel, MSW, ACSW

Deputy Director

(812) 482-3020

jkimmel@southernhills.org



Edgewater Systems for Balanced Living, Inc.

(421)

1100 West 6th Avenue

Gary, IN 46402

(219) 885-4264

CEO

Danita Johnson-Hughes, MSW

CEO

(219) 885-4264

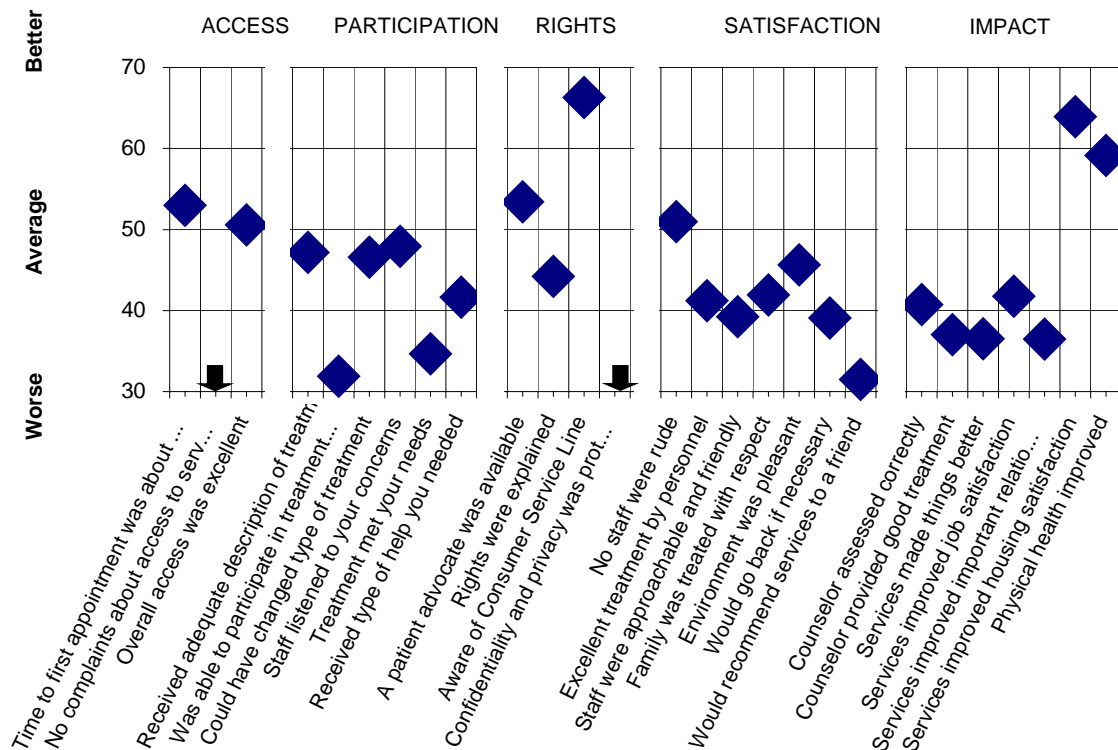
Consumer Contact

Ashvin Sheth, ACSW, LCSW

Chief Clinical Officer

(219) 885-4264 ext. 2470

asheth@edgewatersystems.org



Comprehensive Mental Health Services, Inc.

(422)
240 North Tillotson
Muncie, IN 47304
(765) 288-1928

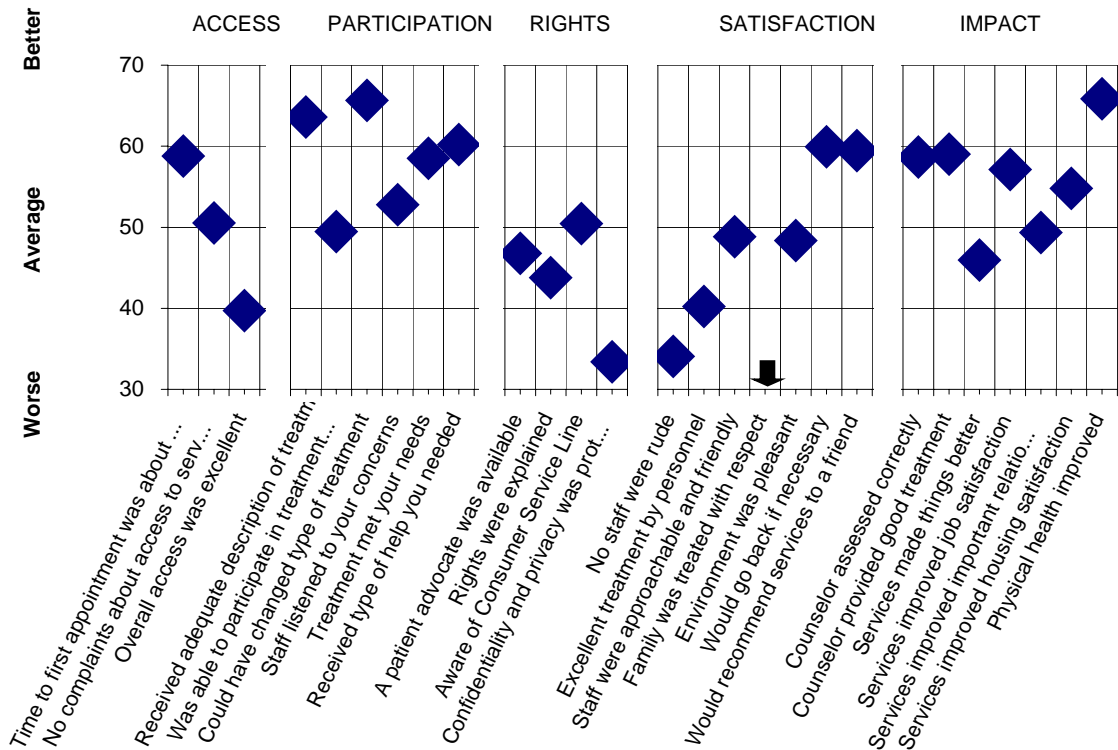
CEO

Suzanne Gresham, Ph.D.
President/CEO
(765) 288-1928

Consumer Contact

Ross Lane, Ph.D.
Division Director
(765) 521-2450

Robert Coles
Division Director
(219) 726-9348



Bowen Center

(423)

P.O. Box 497, 850 N. Harrison Street

Warsaw, IN 46581-0497

(219) 267-7169

CEO

Kurt Carlson, MS

President/CEO

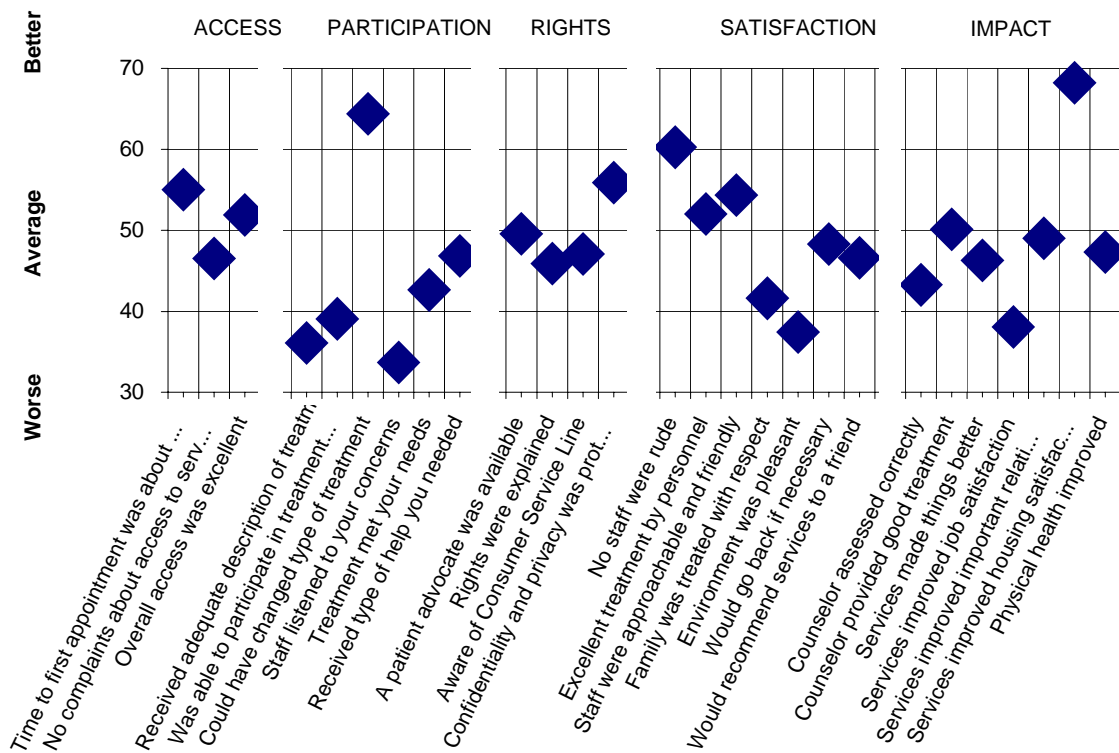
(219) 267-7169

Consumer Contact

Sharon Engleschjon

Performance Improvement Specialist

(219) 267-7169



Southlake Center for Mental Health

(424)

8555 Taft Street

Merrillville, IN 46410

(219) 769-4005

CEO

Lee C. Strawhun

President

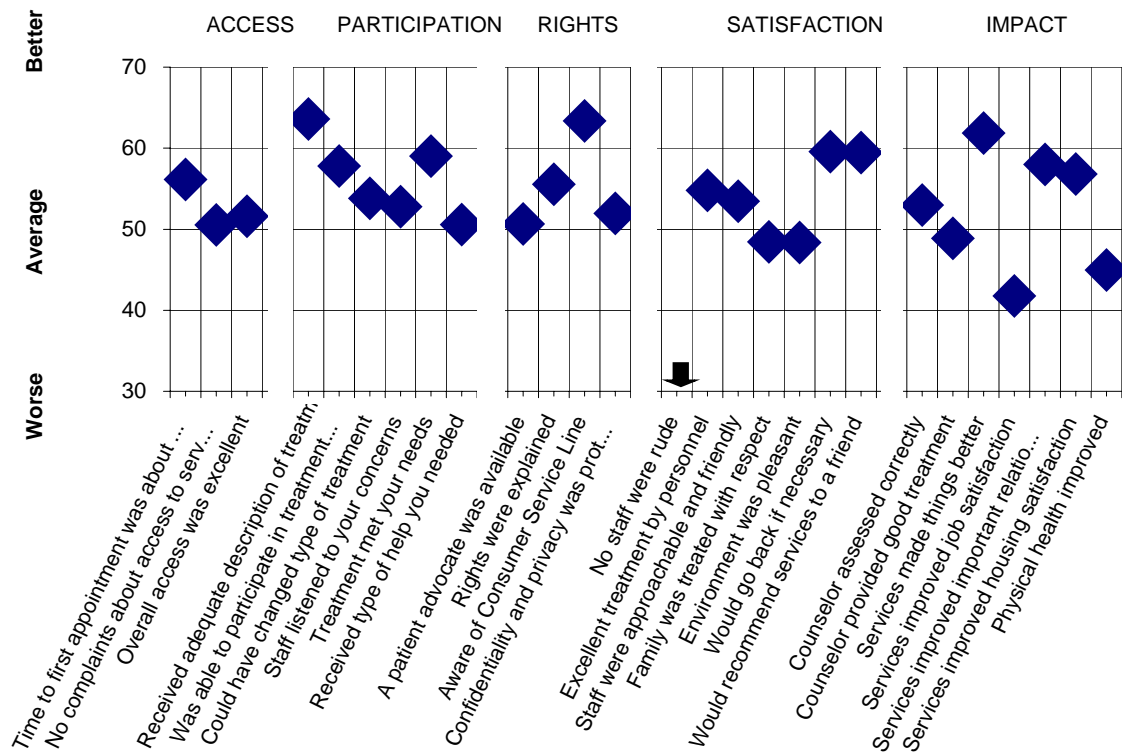
(219) 769-4005

Consumer Contact

Les Schiller

Senior Vice President

(219) 769-4005



The Center for Mental Health

(425)

P.O.Box 1258, 1100 Broadway

Anderson, IN 46015

(765) 649-8161

CEO

C. Richard DeHaven, MA, MS

President/CEO

(765) 649-8161

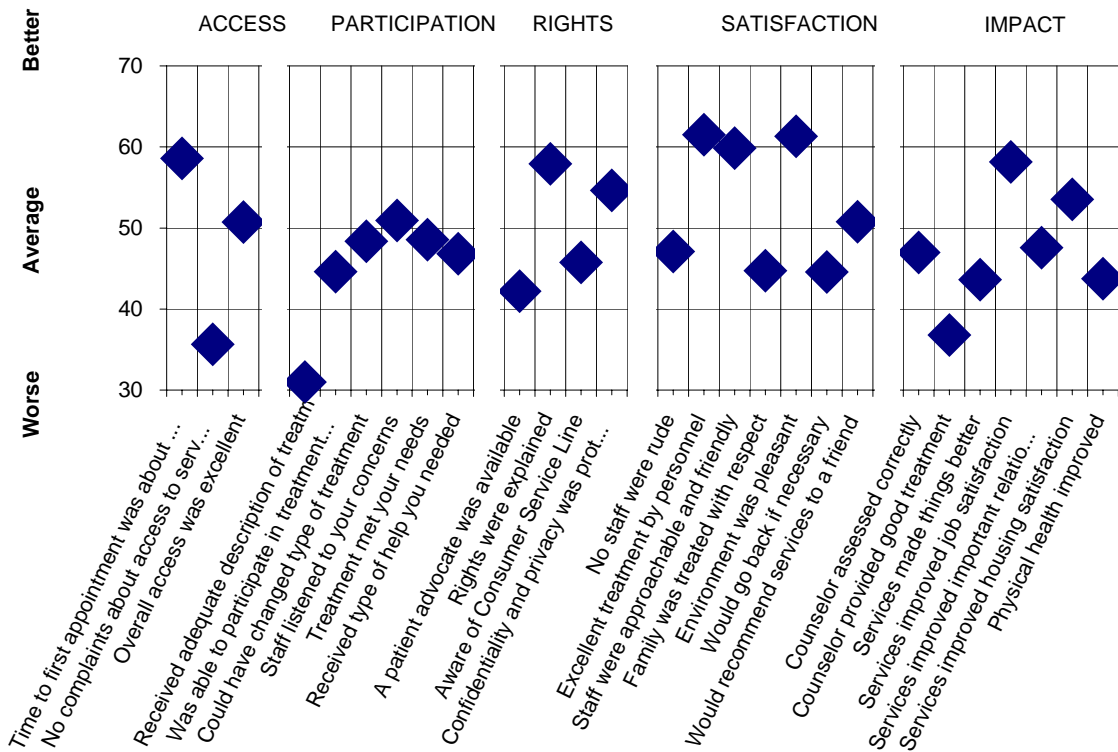
Consumer Contact

Barbara Scott, MSW, LCSW

COO

(765) 649-8161

scottb@csmh.org



Northeastern Center, Inc.

(426)

P.O. Box 817, 229 S. Main Street

Kendallville, IN 46755

(219) 347-4400

CEO

Jerry Hollister, MBA, CPA

CEO

(219) 347-2453

Consumer Contact

Sue Sprague, MSW, LCSW

Continuing Care Director

(219) 347-2453

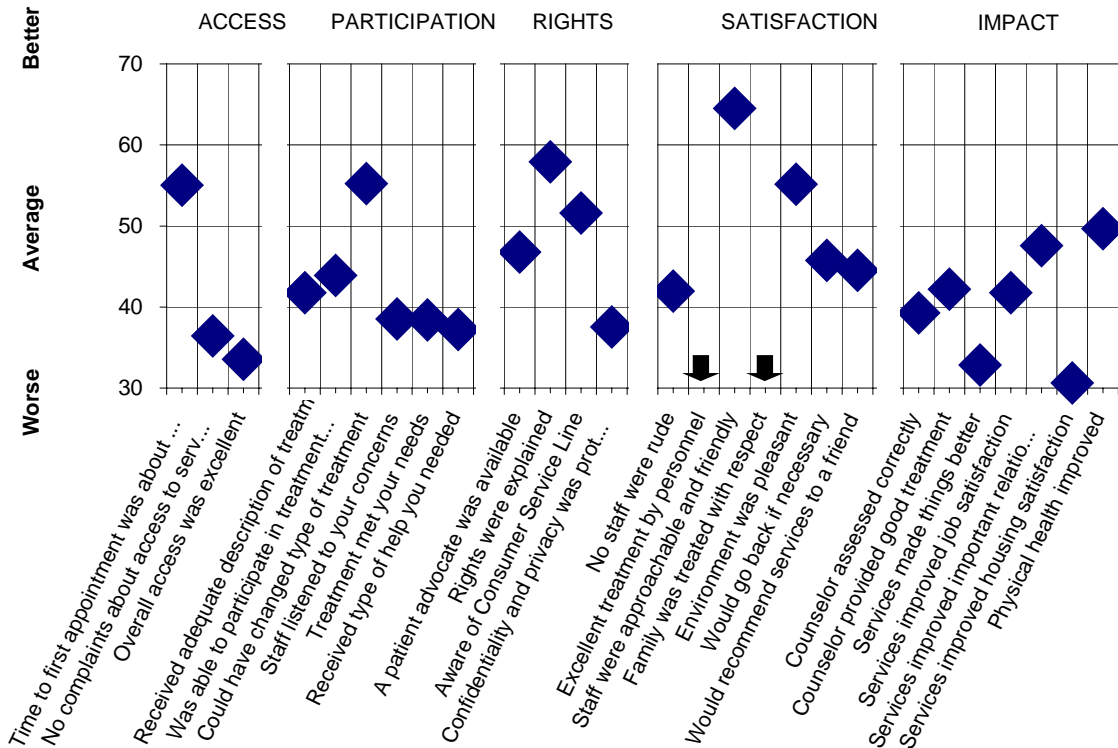
ssprague@northeasterncenter.org

Karen Markward, MS, LSW

Asst Continuing Care Director

(219) 347-4955

kmarkward@northeasterncenter.org



Four County Counseling Center

(427)

1015 Michigan Avenue

Logansport, IN 46947

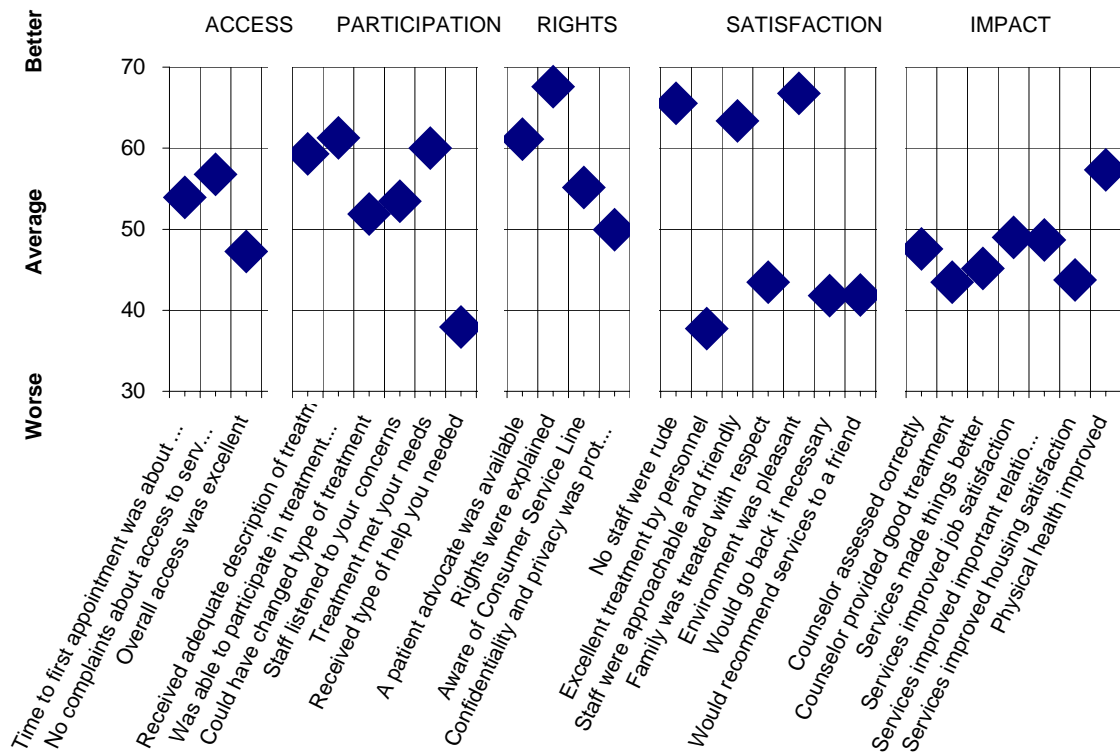
(219) 722-5151

CEO

Lawrence R. Ulrich
Executive Director/CEO
(219) 722-5151 ext. 281

Consumer Contact

Sandra Elliot
PQI
(219) 722-5151 ext. 277
selliot@fourcounty.com



Cummins Mental Health Center

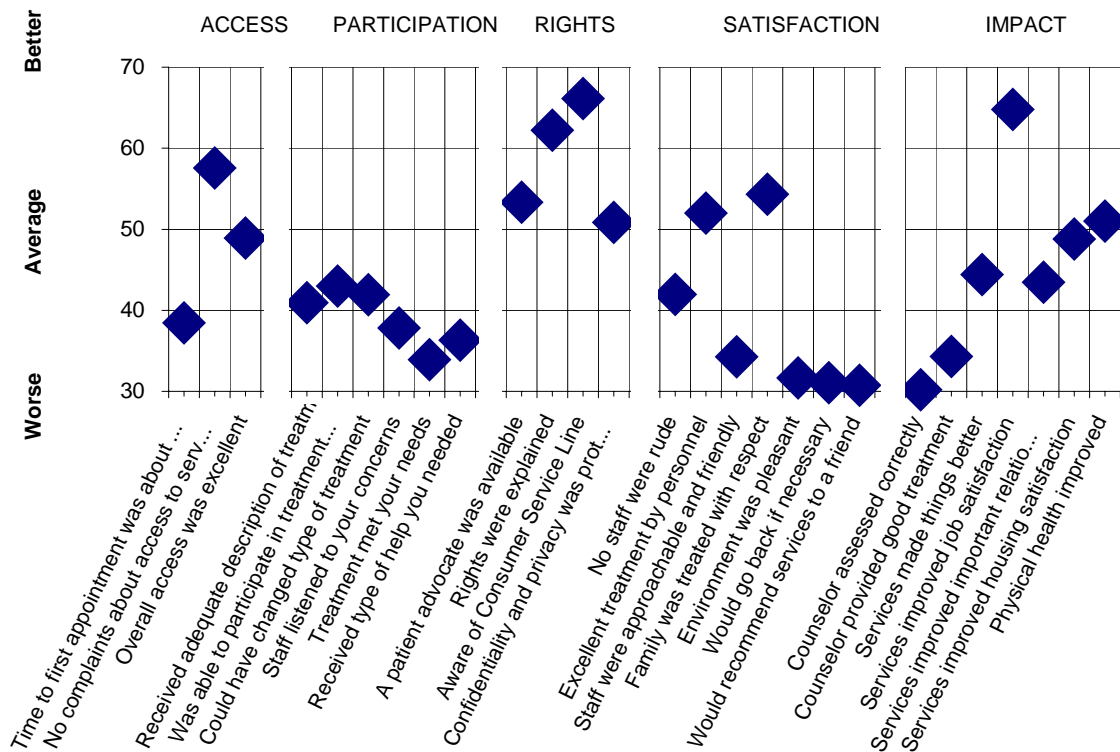
(428)
6655 East US 36
Avon, IN 46123
(317) 272-3330

CEO

Ann Borders, MA
CEO
(317) 272-3330

Consumer Contact

Roxane Harcourt
Director of County Operations
(317) 272-3330



Adult and Child Mental Health Center, Inc.

(429)

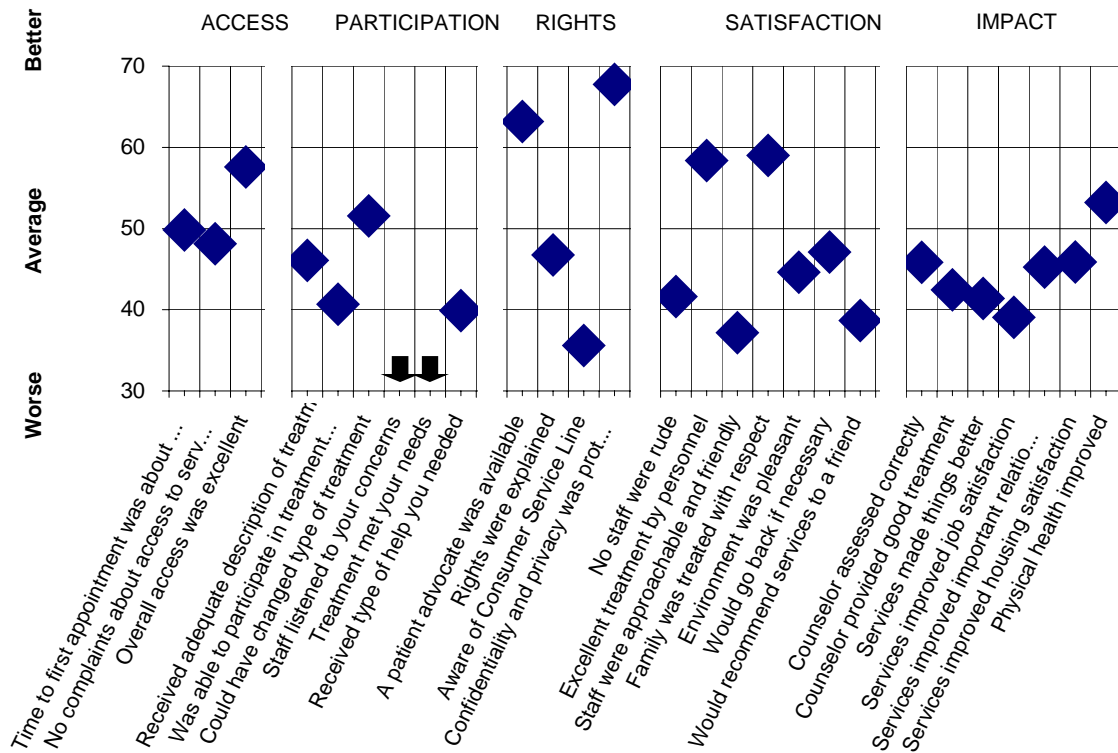
8320 Madison Avenue
Indianapolis, IN 46227-8642
(317) 882-5122

CEO

A. Robert Dumbar, MAPA
Executive Director
(317) 882-5122

Consumer Contact

Steve Pitts, BA
Director Quality Improvement
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BehaviorCorp

(430)

697 Pro-Med Lane

Carmel, IN 46032

(317) 587-0500

CEO

Larry L. Birch, ACSW

Executive Director

(317) 587-0500

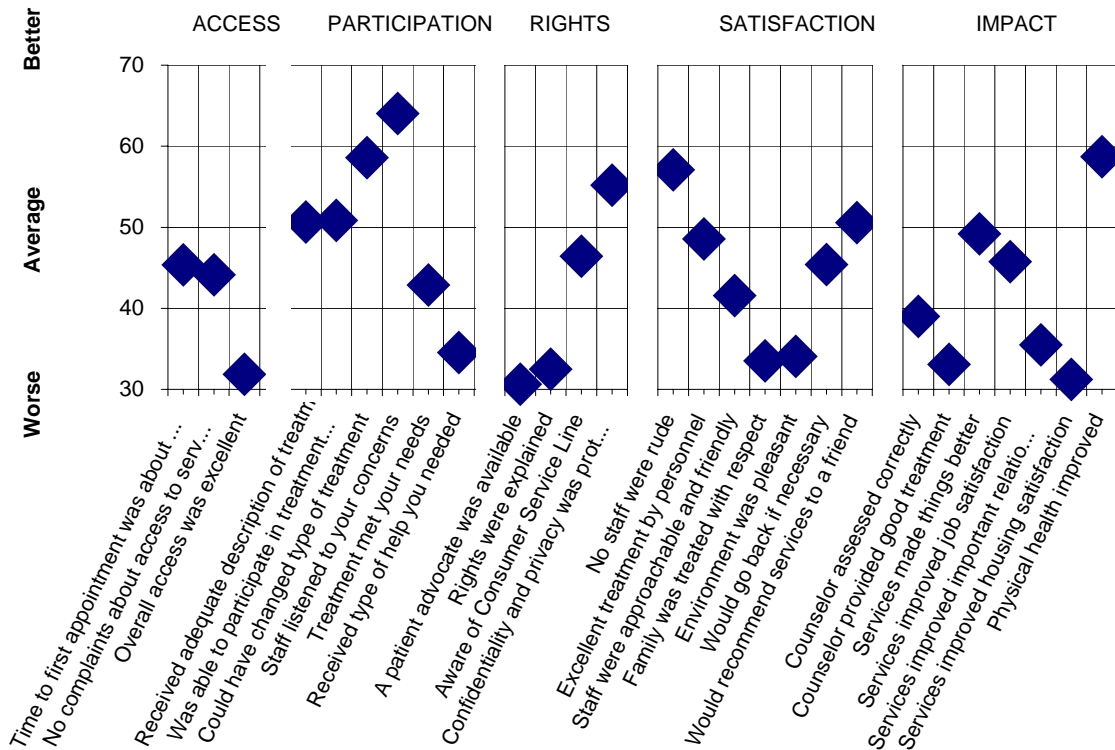
Consumer Contact

Jeff Davis, Ph.D.

Assoc Dir., Clinical Programs

(317) 587-0546

jdavis@behaviorcorp.org



Glossary of Terms

Chronic Addiction Disorder: The Division of Mental Health definition of chronic addiction disorder is as follows:

- 1.) The individual has a substance-related disorder diagnosed under the Diagnostic and Statistical Manual of Mental Disorders, 4th edition (DSM-IV), published by the American Psychiatric Association.
- 2.) The individual experiences significant functional impairments in two of the following areas:
 - a.) Activities of daily living.
 - b.) Interpersonal functioning.
 - c.) Ability to live without recurrent use of chemicals.
 - d.) Psychological functions.
- 3.) The duration of the addiction has been in excess of twelve months. However, individuals who have experienced amnesic episodes (blackouts), or have experienced convulsions or other serious medical consequences of withdrawal from a chemical abuse, or who display significant dangerous as a results of chemical use, do not have to meet the durational requirements.

Consumer: A person who receives mental health or addiction services.

Continuum of Care: A core set of mental health services that Managed Care Providers, who are contracting with the Division of Mental Health, must offer to consumers. These services include the following:

- 1.) Individualized treatment planning to increase coping skills and symptom management, which may include any combination of services listed below.
- 2.) Twenty-four hour a day crisis intervention.
- 3.) Case management to fulfill individual consumer needs, including assertive case management when indicated.
- 4.) Outpatient services, including intensive outpatient services, substance abuse services, counseling, and treatment.
- 5.) Acute stabilization services including detoxification services.
- 6.) Residential services.
- 7.) Day treatment.
- 8.) Family support services.

- 9.) Medication evaluation and monitoring.
- 10.) Services to prevent unnecessary and inappropriate treatment and hospitalization and the deprivation of a person's liberty.

Division of Mental Health (DMH): The state agency that regulates and certifies mental health services in Indiana.

Hoosier Assurance Plan (HAP): The Division of Mental Health managed care strategy designed to reform the method of funding and the delivery of mental health and addiction services in Indiana.

Hoosier Assurance Plan Assessment Instruments: The assessment tools used by all Managed Care Providers to determine the eligibility of consumers who receive mental health services under the Hoosier Assurance Plan. The assessments are done yearly. The assessment for adults is known as the Hoosier Assurance Plan Instrument for Adults (HAP-I) and the assessment tool for children is known as the Child and Adolescent Functional Assessment Scale (CA-FAS); Miniscale.

K.E.Y. (Knowledge Empowers You) Consumer Organization: A consumer organization in Indiana whose mission is to educate consumers on their rights and assist consumers in asserting their rights.

Managed Care: Various strategies that seek to get the best services by controlling the services' utilization, promoting their quality, and measuring performance to ensure effectiveness.

Managed Care Provider (MCP): Forty-two mental health service providers, including thirty community mental health centers, who are eligible for Hoosier Assurance Plan managed care funding. All these providers must agree to offer the full continuum of care. The Division of Mental Health must approve and certify the MCP. All MCPs are represented in these report cards.

Outcomes: A form of measuring consumer experience designed to help consumers, payer, and providers make rational health care-related

choices based on better insight into the effect of these choices on the consumer's life.

Serious Emotional Disturbance (Children):

The Division of Mental Health definition of serious emotional disturbance is as follows:

- 1.) The child has a mental illness diagnosis under the DSM-IV, published by the American Psychiatric Association.
- 2.) The child experiences significant functional impairments in at least one of the following areas:
 - a.) Activities of daily living.
 - b.) Interpersonal functioning.
 - c.) Concentration, persistence, and pace.
 - d.) Adaptation to change.
- 3.) The duration of the disorder has been, or is expected to be, in excess of twelve months. However, children who have experienced a situational trauma, and who are receiving services in two or more community agencies, do not have to meet the durational requirement of this clause.

Seriously Mentally Ill (Adult): The Division of Mental Health definition of seriously mentally ill adult is as follows:

- 1.) The individual has a mental illness diagnosis under the Diagnostic and Statistical Manual of Mental Disorders, 4th edition (DSM IV),

published by the American Psychiatric Association.

- 2.) The individual experiences significant functional impairment in two of the following areas:
 - a.) Activities of daily living.
 - b.) Interpersonal functioning.
 - c.) Concentration, persistence, and pace.
 - d.) Adaptation to change.
- 3.) The duration of the mental illness has been, or is expected to be, in excess of twelve months. However, adults who have experienced a situational trauma so not have to meet the durational requirement of this clause.

S.H.A.P.E.: Acronym for Serving the Hoosier Assurance Plan through Education, a new initiative of the Indiana Family and Social Services Administration - Division of Mental Health to make HAP information more accessible to Hoosiers. [Accessible through a web site (http://www.in.gov/fssa/shape/shape_home.html) and toll-free hotline (1-800-813-6511)]

Staff Turnover: The rate at which staff remain employed at a place of employment. High staff turnover means staff come and go frequently. Low staff turnover means staff work at their place of employment for a relatively long time.

Data Tables

These pages include tables that provides background information data that is graphed on the provider pages. There is one table for each of the summary areas, and one column for each question.

Access			
Managed Care Provider	Time to first appointment was about right	No complaints about access to services	Overall access was excellent
401	73.7%	66.7%	46.7%
402	81.3%	75.5%	57.1%
403	87.2%	75.9%	39.7%
404	76.0%	87.7%	56.1%
405	87.2%	72.5%	41.2%
406	90.2%	77.6%	53.4%
407	82.4%	79.3%	50.0%
408	87.8%	73.6%	50.9%
409	81.6%	71.4%	51.8%
410	85.7%	74.3%	45.7%
411	86.8%	68.4%	47.4%
412	80.0%	69.6%	39.3%
413	75.6%	76.5%	36.8%
414	78.0%	71.2%	50.8%
415	85.7%	71.9%	43.9%
416	78.7%	83.1%	49.2%
417	73.8%	80.4%	46.4%
418	80.4%	64.3%	35.7%
419	83.3%	77.1%	39.6%
420	65.6%	71.7%	49.1%
421	83.3%	56.3%	45.8%
422	86.4%	73.2%	39.3%
423	84.4%	70.7%	46.6%
424	85.0%	73.2%	46.4%
425	86.3%	63.9%	45.9%
426	84.4%	64.4%	35.6%
427	83.8%	77.1%	43.8%
428	75.5%	77.6%	44.8%
429	81.6%	71.7%	50.0%
430	79.2%	69.2%	34.6%
Average	81.7%	72.9%	45.5%
Standard Deviation	5.4%	6.2%	6.0%
Maximum	90.2%	87.7%	57.1%
Minimum	65.6%	56.3%	34.6%

Participation

Managed Care Provider	Received adequate description of treatment	Was able to participate in treatment planning	Could have changed type of treatment	Staff listened to your concerns	Treatment met your needs	Received type of help you needed
401	83.3%	86.7%	58.9%	91.5%	91.7%	90.0%
402	81.6%	83.3%	66.0%	89.6%	91.8%	79.6%
403	84.5%	89.7%	66.7%	93.0%	89.7%	89.7%
404	87.7%	87.7%	69.6%	91.2%	91.2%	86.0%
405	86.0%	86.0%	73.9%	88.0%	86.3%	84.3%
406	84.2%	78.9%	73.7%	91.4%	96.6%	93.1%
407	82.8%	77.6%	57.4%	82.8%	82.8%	77.6%
408	79.2%	84.6%	80.8%	94.2%	86.8%	75.5%
409	89.1%	82.1%	77.4%	91.1%	87.5%	83.6%
410	82.9%	85.3%	66.7%	80.0%	88.6%	80.0%
411	87.3%	75.0%	64.8%	86.0%	89.5%	82.5%
412	88.9%	83.9%	67.9%	94.6%	90.9%	89.1%
413	80.6%	84.8%	72.1%	83.6%	86.6%	85.3%
414	86.2%	81.4%	73.2%	86.4%	86.4%	84.7%
415	83.6%	78.9%	72.2%	91.2%	89.5%	86.0%
416	87.7%	81.0%	75.4%	88.1%	88.1%	81.4%
417	89.1%	83.3%	77.4%	85.7%	85.5%	78.2%
418	78.2%	75.0%	64.0%	89.1%	83.3%	73.2%
419	78.7%	87.2%	70.2%	89.6%	91.7%	85.4%
420	86.8%	90.4%	82.7%	92.5%	86.8%	88.5%
421	83.0%	74.5%	69.6%	87.2%	81.3%	77.1%
422	89.1%	82.1%	81.5%	89.3%	90.9%	87.5%
423	78.9%	77.6%	80.7%	81.0%	84.5%	80.0%
424	89.1%	85.7%	74.1%	89.3%	91.1%	82.1%
425	77.0%	80.0%	70.7%	88.5%	86.9%	80.0%
426	81.0%	79.7%	75.0%	83.1%	82.8%	74.6%
427	87.5%	87.2%	72.9%	89.6%	91.5%	75.0%
428	80.7%	79.3%	66.7%	82.8%	81.0%	74.1%
429	82.6%	78.3%	72.7%	78.3%	78.3%	76.1%
430	84.3%	82.7%	77.1%	94.2%	84.6%	73.1%
Average	84.1%	82.3%	71.7%	88.1%	87.5%	81.8%
Standard Deviation	3.7%	4.3%	6.2%	4.4%	4.0%	5.6%
Maximum	89.1%	90.4%	82.7%	94.6%	96.6%	93.1%
Minimum	77.0%	74.5%	57.4%	78.3%	78.3%	73.1%

Rights				
Managed Care Provider	A patient advocate was available	Rights were explained	Aware of Consumer Service Line	Confidentiality and privacy was protected
401	55.0%	72.9%	20.0%	83.1%
402	68.1%	81.6%	30.6%	79.6%
403	60.0%	78.6%	19.0%	81.0%
404	55.4%	90.7%	19.3%	80.7%
405	38.0%	81.6%	18.0%	78.0%
406	51.8%	73.2%	15.5%	70.7%
407	44.6%	78.2%	15.5%	79.3%
408	64.0%	73.1%	20.8%	80.8%
409	35.7%	72.5%	3.6%	82.1%
410	44.1%	73.5%	17.6%	80.0%
411	53.6%	62.5%	19.3%	75.0%
412	46.3%	76.8%	7.1%	74.5%
413	60.6%	66.7%	16.2%	77.6%
414	55.2%	80.0%	25.4%	76.3%
415	45.6%	82.1%	8.8%	85.5%
416	53.4%	77.6%	10.2%	78.0%
417	48.2%	84.6%	16.4%	68.5%
418	43.1%	81.5%	17.9%	78.6%
419	46.8%	72.3%	20.8%	72.3%
420	74.5%	86.0%	13.2%	73.6%
421	55.3%	73.9%	27.7%	60.4%
422	49.1%	73.6%	17.9%	67.9%
423	51.7%	75.0%	15.8%	80.4%
424	52.7%	81.5%	25.9%	78.2%
425	44.8%	83.1%	15.0%	79.7%
426	49.1%	83.1%	18.6%	70.2%
427	62.5%	89.6%	20.8%	77.1%
428	55.2%	86.0%	27.6%	77.6%
429	64.4%	75.6%	8.7%	87.0%
430	34.0%	66.0%	15.4%	80.0%
Average	52.1%	77.8%	17.6%	77.1%
Standard Deviation	9.3%	6.7%	6.2%	5.6%
Maximum	74.5%	90.7%	30.6%	87.0%
Minimum	34.0%	62.5%	3.6%	60.4%

Satisfaction							
Managed Care Provider	No staff were rude	Excellent treatment by personnel	Staff were approachable and friendly	Family was treated with respect	Environment was pleasant	Would go back if necessary	Would recommend services to a friend
401	71.7%	51.7%	96.7%	92.5%	96.7%	91.7%	90.0%
402	77.6%	57.1%	91.8%	92.3%	95.9%	85.4%	79.6%
403	81.0%	43.1%	94.8%	95.8%	100.0%	93.0%	91.4%
404	87.7%	56.1%	98.2%	95.1%	93.0%	87.7%	85.7%
405	84.3%	43.1%	96.1%	92.5%	98.0%	86.3%	90.0%
406	78.9%	51.7%	94.8%	95.5%	98.2%	87.9%	91.4%
407	79.3%	48.3%	91.4%	93.6%	89.7%	81.0%	77.6%
408	84.9%	58.5%	98.1%	97.4%	96.2%	73.6%	83.0%
409	78.6%	53.6%	96.4%	97.4%	96.4%	89.1%	87.3%
410	80.0%	51.4%	88.6%	95.5%	97.1%	75.8%	76.5%
411	83.9%	47.4%	93.0%	95.6%	93.0%	82.1%	84.2%
412	80.4%	41.1%	96.4%	100.0%	98.2%	92.7%	89.3%
413	75.0%	45.6%	85.1%	89.6%	91.0%	83.6%	82.4%
414	79.3%	45.8%	91.5%	95.7%	93.2%	84.7%	89.7%
415	80.7%	49.1%	91.2%	97.6%	94.7%	86.0%	89.3%
416	74.6%	40.7%	91.5%	97.6%	94.9%	84.7%	86.4%
417	81.5%	48.2%	92.9%	92.5%	94.6%	78.6%	80.4%
418	66.1%	39.3%	92.7%	92.5%	92.7%	71.4%	77.8%
419	81.3%	39.6%	95.7%	93.5%	97.9%	89.6%	89.4%
420	84.9%	47.2%	90.4%	97.7%	98.1%	86.8%	88.7%
421	79.2%	41.7%	89.6%	91.2%	93.8%	77.1%	74.5%
422	69.6%	41.1%	92.9%	87.2%	94.6%	89.3%	89.3%
423	84.5%	48.3%	94.8%	91.1%	91.4%	82.5%	82.5%
424	65.5%	50.0%	94.5%	93.3%	94.6%	89.1%	89.3%
425	77.0%	54.1%	96.7%	92.1%	98.4%	80.3%	84.7%
426	74.1%	32.2%	98.3%	87.2%	96.6%	81.0%	81.4%
427	87.5%	39.6%	97.9%	91.7%	100.0%	78.7%	80.0%
428	74.1%	48.3%	87.9%	95.2%	89.7%	72.4%	74.1%
429	73.9%	52.2%	88.9%	96.7%	93.5%	81.8%	78.3%
430	82.7%	46.2%	90.4%	88.5%	90.4%	80.8%	84.6%
Average	78.7%	47.1%	93.3%	93.8%	95.1%	83.5%	84.3%
Standard Deviation	5.7%	6.1%	3.4%	3.2%	2.9%	5.9%	5.3%
Maximum	87.7%	58.5%	98.3%	100.0%	100.0%	93.0%	91.4%
Minimum	65.5%	32.2%	85.1%	87.2%	89.7%	71.4%	74.1%

Impact of Services

Managed Care Provider	Counselor assessed correctly	Counselor provided good treatment	Services made things better	Services improved job satisfaction	Services improved important relationships	Services improved housing satisfaction	Physical health improved
401	88.3%	91.5%	67.8%	69.2%	50.0%	54.2%	63.2%
402	83.7%	87.8%	51.0%	42.9%	59.2%	57.1%	54.3%
403	93.0%	86.2%	56.1%	50.0%	60.0%	63.2%	72.5%
404	91.2%	84.2%	59.6%	48.0%	59.6%	54.4%	44.2%
405	84.3%	88.2%	35.3%	37.5%	41.2%	41.2%	61.7%
406	89.5%	93.1%	56.1%	53.3%	56.9%	58.6%	53.6%
407	86.2%	81.0%	48.3%	27.8%	52.6%	50.0%	57.1%
408	79.2%	84.9%	45.3%	50.0%	64.2%	52.8%	44.2%
409	89.1%	89.1%	48.2%	44.0%	61.8%	53.6%	48.1%
410	85.7%	82.9%	39.4%	47.1%	62.9%	41.2%	51.5%
411	91.1%	89.3%	42.9%	54.5%	52.6%	48.2%	58.2%
412	91.1%	90.7%	45.5%	30.0%	49.1%	33.9%	46.3%
413	86.6%	88.1%	45.5%	45.0%	59.1%	49.3%	60.7%
414	83.1%	84.7%	44.8%	83.3%	55.9%	47.5%	52.7%
415	89.5%	89.3%	42.9%	35.3%	57.9%	47.4%	54.5%
416	86.4%	84.7%	41.4%	50.0%	47.5%	47.5%	41.8%
417	83.9%	83.6%	41.1%	35.3%	44.6%	35.7%	62.5%
418	84.6%	81.1%	28.6%	15.4%	51.8%	46.4%	62.3%
419	87.5%	89.6%	43.5%	58.3%	51.1%	44.7%	51.1%
420	90.6%	92.5%	58.8%	61.5%	66.0%	62.3%	64.0%
421	83.0%	80.4%	32.6%	33.3%	45.7%	61.7%	63.0%
422	89.3%	89.3%	41.1%	55.6%	53.6%	53.6%	67.9%
423	83.9%	85.7%	41.4%	28.0%	53.4%	65.5%	54.4%
424	87.3%	85.2%	55.4%	33.3%	58.9%	55.4%	52.7%
425	85.2%	80.3%	39.0%	57.1%	52.5%	52.5%	51.8%
426	82.5%	82.5%	29.3%	33.3%	52.5%	32.2%	56.1%
427	85.4%	83.0%	40.4%	43.8%	53.2%	43.8%	61.7%
428	79.3%	79.3%	39.7%	66.7%	50.0%	48.3%	57.1%
429	84.8%	82.6%	37.0%	29.4%	51.1%	45.7%	58.7%
430	82.4%	78.8%	44.0%	39.1%	45.1%	32.7%	62.7%
Average	86.3%	85.7%	44.7%	45.3%	54.0%	49.4%	56.4%
Standard Deviation	3.5%	4.0%	9.0%	14.5%	6.1%	8.9%	7.3%
Maximum	93.0%	93.1%	67.8%	83.3%	66.0%	65.5%	72.5%
Minimum	79.2%	78.8%	28.6%	15.4%	41.2%	32.2%	41.8%